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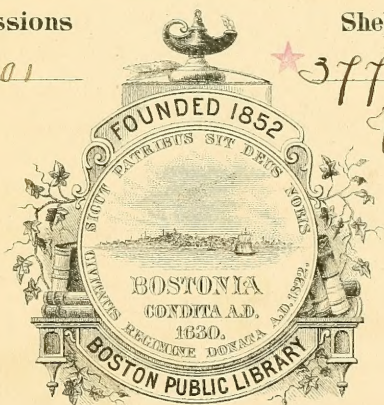
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PRACTICAL

OBSERVATIONS

IN

MIDWIFERY;

WITH A

SELECTION OF CASES.

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PART II.

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By JOHN RAMSBOTHAM, M.D.

LATE LECTURER ON MIDWIFERY AT THE LONDON HOSPITAL;  
CONSULTING PHYSICIAN-ACCOUCHEUR TO THE ROYAL MATERNITY CHARITY  
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HONORARY MEMBER OF THE PHILADELPHIA MEDICAL SOCIETY,

&c. &c. &c.

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Walter Channing, M.D.

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Mar. 18. 1856

Printed by G. HAYDEN,  
Little College Street, Westminster.



TO  
**SIR CHARLES MANSFIELD CLARKE,**  
BART. M. D.  
**Physician to Her Majesty,**  
 &c. &c. &c.

WHOSE SINGULAR TALENTS COMBINED WITH INDEFATIGABLE INDUSTRY  
HAVE RAISED HIM TO  
THE PROUDEST EMINENCE IN HIS PROFESSION:

AND TO  
**WILLIAM P. DEWEES, M. D.**  
**Of Philadelphia,**

WHOSE ZEAL IN THE CAUSE OF SCIENCE AND HUMANITY  
HAS RENDERED HIS NAME CELEBRATED THROUGHOUT EUROPE:  
THE FOLLOWING PAGES  
ARE MOST RESPECTFULLY INSCRIBED, BY  
**THE AUTHOR.**



## PREFACE.



AFTER a lapse of some years, I have ventured again to appear before the professional public, in performance of that promise which I made in the First Part, "to continue and extend Practical Observations to other cases of difficulty and danger in the act of Child-birth." Although I may be supposed to have been tardy in the execution of that duty, the reader will perhaps have no great cause of regret on that account; since the delay has enabled me to verify, by a more extended observation, the correctness of those principles, on which the practice should be grounded in the different urgencies.

Various causes may have combined to produce that delay; partly perhaps a want of leisure; partly a disinclination to set about so troublesome a task; but chiefly, the absence

of that grand incentive to authorship, a remuneration proportionate to the labour bestowed upon the work.

It has afforded me high satisfaction to find, that many gentlemen both in this country and upon the Continent, to whose opinion the profession is accustomed to pay considerable deference, have spoken of my former production in flattering terms of praise. And it is still more gratifying to my feelings to learn, that so distinguished a physician, as Doctor Dewees, should have thought the observations it contained sufficiently valuable, to induce him to republish the book in America; and that he should have recorded his opinion in the Preface to that edition, by characterizing it, "as one of the best practical works (so far as it goes) extant."

In the compilation of the Second Part, I have followed the general plan observed in the first, of which it may properly be considered a continuation; the cases are therefore numbered onward; and although they may appear on some of the subjects to be unnecessarily numerous, yet, each is inserted for the purpose of exemplifying some particular fact, or of impressing the propriety of the



practice recommended. I have merely stated such facts as I have personally witnessed, or which, (in some very few instances), have been communicated to me by professional friends; and have thence drawn my conclusions. My observations are confined as before to practical points; having abstained as much as possible from the expression of any opinion, which might lead to professional controversy.

In my remarks on long-impacted shoulder-presentations, I have not hesitated to recommend, in preference to any violent attempt at turning, the practice enforced by Dr. Douglas, of Dublin, of diminishing the bulk of the body of the child, by a perforation of the thoracic and abdominal cavities, and the subsequent abstraction of their contents; by such means, the trunk is allowed to bend upon itself, and the child to be expelled, or extracted by the breech. I have also inserted several cases to shew the practicability, and utility of this mode of management.

The observations on uterine hæmorrhage, embrace a succinct account of the two several states under which the placenta may be separated in utero, with the different manage-

ment appropriate to each. I have also noticed an unusual occurrence, the expulsion of the placenta before the head of the child, with its consequences.

Those on parturient convulsions are confined to a practical detail of the symptoms, and to the mode of treatment peculiar to the stage, under which an attack may take place. I have severally noticed that which has proved with me the most successful before the establishment of the labour; during the act of labour; and after the entire completion of the process. I trust that the cases on this subject will be read with some interest.

In the history of abortion, I have endeavoured to elucidate some singular occurrences, which now and then shew themselves under the progress of pregnancy; and which, if overlooked, or not understood, may lead a practitioner to very uncertain conclusions respecting the state of his patient. I have also added some remarks on extra-uterine pregnancy.

A short account of Retroversion of the Uterus and of Polypus of the Uterus, is inserted in this Second Part, and in conclusion, are added three cases of recovery from Rup-

ture of the Uterus, and one of sudden death in the last stage of pregnancy.

On the slightest glance at several of the cases, it will appear, that negligence or inadvertence in the first instance, was one great source of those difficulties with which some of them were ultimately beset; and that the sufferings and danger to which the respective individuals were exposed, might now and then have been averted by timely and judicious management. In some instances of shoulder-presentation, the attempt at delivery was either mistimed, or performed in so defective a manner, as to have proved unsuccessful; while the failure considerably increased the subsequent difficulty.

In making these remarks, I should be sorry to be supposed to be influenced by any unworthy motives, or in the least to disparage professional character. I am merely desirous of pointing out the particular circumstances, on which the want of success seemed to hinge.

The superintendence of difficult and dangerous cases demands a large share of attention, discretion, and energy; but even these important qualifications are of little value

without some experience to direct them. In the absence of practical experience, and in some measure to supply that defect, such rules of practice ought to be impressed upon the mind as may be applicable to every emergency. If to these be also added the practical inferences of those men, who have devoted their time chiefly to the subject, a degree of decision and confidence may be acquired even by a young man, which may enable him to conduct a difficult, or a dangerous case to a happy termination.

It surely never can be considered a valid excuse for a partial acquaintance with the established rules of practice, that the occurrence of such cases is infrequent. That they do occasionally happen is too melancholy a fact; and one may present itself to any practitioner at a time when it is the least expected. An accoucheur ought therefore to be constantly prepared for the worst; indeed, that man's feelings cannot be very enviable, in whose breast lurks the secret conviction, that to his ignorance or inattention is imputable the prolonged suffering, or the death of a fellow-creature, under the most interesting trial of Nature.



In the detail of cases, I have not confined myself merely to such as had a fortunate termination ; I have also inserted many which had an opposite result. I felt anxious to state both sides of the question, and to place the facts in such a light, as to enable the reader to form his own judgment of the propriety or impropriety of the practice pursued or recommended.

To his candour and liberality, I now commit this undertaking ; in the hope, that he may derive from its perusal such information, as may at least prove some remuneration for his trouble.

•

#### ERRATA.

- Page 180, line 16, *for* rout *read* route.  
232, line 19, *for* occcasions *read* occasions.  
246, line 22, *dele* but.  
319, Case 184, *for* before labour *read* after.  
334, line 16, *for* animal *read* amnial.  
382, line 11, *for* micarriage *read* miscarriage.

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ON  
PRETERNATURAL LABOUR.\*



IT is a fact sufficiently established by practical experience, that the position of the child at the commencement of labour is not, in every case, regular and uniform. Although the head proves, in by far the majority of instances, to be the presenting part, yet the breech, the shoulder, the belly, or the back may be occasionally met with at the brim of the pelvis. To labours, therefore, in which any other part of the child presents, except the head, the epithet *preternatural* is prefixed; but, the term bears a reference to fœtal position alone.

The cause of this variety in the presentation of the child has, at various times, engaged the attention of the physiologist; but it has hitherto eluded his

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\* Dystocia transversa.

strictest enquiry; and, perhaps, does not admit a satisfactory elucidation. In the laudable desire of tracing any obscure fact, we are apt to be misled by fancy, and to ascribe the phenomenon to the effect of some particular agency, which may possibly have had little influence in its production.

Thus, to casualties, and to different excitements under pregnancy, has been imputed the power of changing the position of the *fœtus in utero*, and of making that a preternatural presentation, which, without such intervention, would have been a natural one. Such an inference seems plausible, and even probable, to a superficial observer; but it will not bear the test of the most common enquiry. For, after exposure to accident or to mental agitation, from which the infant has been suspected to have suffered injury or displacement, a natural case, in the hour of labour, has dispelled that anxiety which had previously been excited. And, on the other hand, without any such exposure or presentiment of the fact, a preternatural case has been unexpectedly announced to the patient or to her friends. But, further, the lower orders of women, who, from the nature of their avocations, are daily exposed to the casualties and hardships of life, do not appear, *cæteris paribus*, to be more liable to this occur-



rence, than women of the middle or higher ranks of society. Cross births may, indeed, seem to be more prevalent among the lower orders of women ; but I apprehend that the apparent disparity is solely attributable to numerical superiority in this class. A woman of any rank or condition in life may be the subject of a preternatural presentation, of which she has had no previous cognizance. It is not until the establishment of labour, that this unusual situation of the child is detected ; for which no obvious reason can commonly be assigned. For my own part, I am disposed to think, that the occurrence is rather attributable to some uniform internal principle, with which we are at present unacquainted, than to external agency ; since it may now and then be remarked, that repeated cases of this kind happen to the same individual, and that some women seem more subject to them than others.

Preternatural cases may be arranged under two general divisions :—the first including those cases, in which the breech or some portion of the lower extremity presents ; the second embracing those cases, in which the shoulder, the upper extremity, or some part of the body of the child, is detected at the brim of the pelvis, or descending into its cavity.

This arrangement is not purely arbitrary or speculative ; it is founded on an important practical distinction. For cases of the first description are generally terminated by the agency of the natural powers, requiring little artificial assistance ; whereas, in those of the latter kind, the unfavourable position of the child precludes the probability of natural expulsion, and calls for the most active interference to alter that position, and to place the child in a proper situation to pass into the world.

#### ON THE BREECH PRESENTATION.

THE breech is a part of the child which presents to the birth, the next in frequency to the head. This mode of presentation, on a general average and rough calculation, may be estimated at about one in thirty cases. Its frequency alone would therefore impress the necessity of a thorough knowledge of the different points in its management. If we also take into consideration this circumstance, that every case, in which that artificial mode of delivery termed *turning* becomes necessary, is ultimately made a breech case, that necessity will be still more apparent.

There are no signs during pregnancy, with which

I am acquainted, so strongly marked, as to warrant the assumption that this deviation of Nature exists. The general symptoms and appearances under that state, are so similar to those under a natural presentation, as to elude common observation. The shape of the uterine tumour is, during the latter weeks of gestation, oviform in both ; its long diameter subtending from the scrobiculus cordis to the pubes, its short one from side to side. But the position of the child is so far reversed, that the nates occupy the cervix uteri instead of the head, while the lower extremities are directed upward. In other respects, there is little difference in the general disposition of the body and limbs of the child. Yet, perhaps, if it became necessary, or desirable, to arrive at any tolerable information on this point, a correct hand, with the use of the stethoscope, might possibly detect the position in which the child was at the moment lying.

The commencing symptoms of labour also resemble those under a natural case, but they frequently proceed more slowly ; the uterine contractions being, on the onset, shorter and more distant, so that a slighter impression is made on the maternal passages in a given time, and the descent of the presenting part is more gradual. The os uteri

relaxes and opens, through which the membranes protrude; their bag in due course gives way, and the liquor amnii is discharged. The breech is afterwards pushed down by the increased impulse of uterine action; during its descent, its several parts are naturally accommodated to the pelvic cavity; at length, whether the belly or the back of the child is looking towards the mother's spine, one of the nates, taking the precedence of its fellow and assuming a conical shape, begins to distend the external parts. After considerable extension, the breech makes its exit, with one hip inclined towards the pubes, with the other towards the anus. The legs are presently set at liberty, and the trunk is expelled with one side under the pubes; with the other in the sacrum. In the meantime, the shoulders are propelled through the brim with each acromion towards the ileum of the mother, until their arrival at the pelvic outlet, when their direction is changed. Now one shoulder turning into the hollow of the sacrum, and sweeping over the perinæum, is gradually expelled; the other then emerges under the arch of the pubes. While the shoulders are thus passing, the head is entering the pelvic cavity, with one ear directed towards the pubes, with the other ear opposite the prominence of the sacrum. Before

the final escape of the head, however, the face is directed into the hollow of the sacrum; so that the nape of the neck is placed immediately under the arch of the pubes; the chin then emerges, and the face and forehead in their turn slide over the inner surface of the perinæum.

The above is a brief outline of the natural progress of a common breech case, in which there is no deficiency of pelvic space, or defect of uterine action. To it, therefore, must be assimilated, as nearly as possible, the management of those cases, in which artificial assistance becomes necessary.

It is a matter of prudential policy in every case of labour, not to suffer any great length of time to elapse without determining its character. To no cases can this practical maxim be more directly referrible, than to those, in which the head of the child is not the presenting part. Until that point is satisfactorily cleared up, we remain utterly in the dark with respect to the ulterior management required; and in forming a conclusion, the judgment is to be partly guided by positive, and partly by negative indications.

Upon making a vaginal examination, the breech will be detected, even at or above the brim of the pelvis, by its softness and roundness; by the absence



of that resistance with which the cranial bones impress the finger, and by the inability to define any thing like sutural divisions. But after it has gained possession of the pelvic cavity, its identity becomes more strongly marked. The finger then encounters the anus and genitals ; it may be carried around the drawn-up thighs, and may be passed into the groove of separation between them ; perhaps, also, the prominences of the lower vertebræ may be within its reach. It is likewise no uncommon occurrence, under the descent of the breech, for the meconium to be squeezed out of the rectum of the child, which, mixing with the amnial and vaginal discharges, communicates a greenish stain to the fingers and napkins.

After a satisfactory detection of the presentation, through the assistance of any, or all of these marks, the process of labour must be allowed to pursue its regular and usual course without any interference, (except such as is necessary in common cases), to the exclusion of the breech, legs and trunk. It may be here proper to observe, however, that under the passage of the body, one or other side must be so inclined towards the pubes, that the head may be brought through the brim in a proper direction.

When the trunk has passed as far as the shoulders,

a little manual dexterity is commonly called for to extricate the arms and the head. The upper extremities are at this moment drawn up by the side of the head, and occupy no small portion of that space through which the latter has to pass. They must, therefore, be released from this situation, to give room for that passage. Besides, the umbilical vessels are suffering a most dangerous degree of pressure, the continuance of which may prove fatal to the child. To expedite the extrication of the above-mentioned parts, a fore-finger must be gently insinuated over one of the arms within ready reach, which, under the inclination of the trunk in the opposite direction, is to be carefully brought down. In this act, some attention must be paid to the natural bend of the elbow, that the flexion of the limb may be made favourable to its release. Having brought down that arm, by causing the foetal hand to sweep along the face or side of the head, the trunk must be inclined in the reverse direction, and the other arm must be set at liberty in a similar manner. The head alone now remains behind. But any attempt cannot with propriety be made to withdraw the head, until its relative situation is duly characterized. If the face is found in the hollow of the sacrum, a trifling degree of

extractive purchase, assisted by a slight manual manœuvre, will be sufficient to cause the head to emerge. With this intention, let two fingers of either hand be placed across the neck above the shoulders, let the other hand support the chest, then inclining the trunk forward, the head gently escapes. But if the face has got a diagonal or a lateral direction, that position of the head must be carefully changed to the one just mentioned. If any further impediment to the extraction of the head should still present itself, an additional assistance may be acquired by the insertion of a forefinger into the mouth. By this simple expedient, the chin will be brought close upon the chest; by it, is also furnished an increase of extractive power, sufficient to overcome any moderate degree of resistance. But, in having recourse to that act, let it be kept in mind, that an imprudent exercise of the power thereby obtained may be productive of the most serious mischief to the parts within the mouth, or may even dislocate the jaw.

It will sometimes happen, that the head is detained at or above the brim of the pelvis, after the arms have been brought down. This detention may be occasioned by the relative misplacement of the head; by a deficiency of room in the brim; or by a

combination of both these occurrences. It will, therefore, now become necessary to make as correct an examination into these different circumstances, as the present state of things will allow, and to regulate the future proceedings accordingly.

If it should be found, as is frequently the case, that the long diameter of the head is opposed to the conjugate diameter of the pelvis, that the forehead or the occiput is directed to the projection of the sacrum, such position of the head must be changed for reasons too obvious to mention, and the face must be made to assume a lateral or a diagonal direction. In that direction, the head must be gradually and cautiously drawn through the upper strait. When it has cleared the upper strait, and has gained possession of the pelvic cavity, its relative position must be again changed, by the inclination of the face into the hollow of the sacrum. If it should be found that the head has already taken a lateral or diagonal direction, it will be merely necessary to proceed as just stated.

But it may also happen, that the trunk has been suffered to pass with the belly to the pubes, and that, after the extrication of the arms, the occiput is placed in the hollow of the sacrum, and the forehead to the pubes. This situation is not so favour-

able to the final escape of the head as the preceding one just alluded to, with the face in the hollow of the sacrum ; yet the head must be withdrawn some way or other. It will now become a question, whether that object had better be attempted under the present position, or under an entire change. In determining that practical point, we must look to the relative capacity of the outlet of the pelvis, and to the state of the child ; yet, I think that, in most instances, it will be found more practicable to extract the head under its present situation, than by previously turning the face into the hollow of the sacrum. With such intention, the occiput must be brought well down into the hollow of the sacrum, and the chin at the same time inclined upon the chest ; then, by the assistance of a finger in the mouth, and a gradual increase of extractive power, the head is presently released.

In the preceding process, as soon as the breech and legs are excluded, the umbilical cord becomes exposed ; and in that exposure, is indicated the state of the foetal circulation through that necessary appendage. If the cord is at this moment drawn tightly upward, partly from retraction and partly from pressure, the foetal circulation is in great danger of permanent interruption. To prevent the mis-



chievous consequences likely thence to ensue, a fold or two of the funis may be cautiously brought down. The true condition of the foetal circulation will thus be ascertained, and by that condition, must the future proceedings be in a great measure regulated.

If umbilical pulsation is found to be going on vigorously and uniformly, the further expulsion of the trunk may be safely entrusted to uterine action; the more especially, if that action is continuing regular and effective. But if that pulsation begins to flag and to intermit, whereby its cessation is threatened; or, if the returns of uterine action become more distant or less powerful; the delivery of the other parts of the child must not be delayed. Yet the extractive efforts should be applied in so gentle and gradual a manner, as to inflict no additional pain upon the mother; and always under the impression, that the child may be born alive. When extractive assistance becomes thus necessary, the occasional application of a hand upon the uterine tumor will enable the accoucheur to judge, whether the degree of uterine contraction is proportionate to that of foetal extraction. If the child after birth does not speedily shew a disposition to breathe, the most effective measures should be promptly had re-

course to for its resuscitation ; for a restoration from that state of suspension under which animal life is probably at that instant languishing. Of these, immersion in warm water, with inflation of the lungs, holds the first rank. In every case of breech presentation, therefore, it becomes a matter of prudent foresight, to provide such means in immediate readiness for use, as may be wanted under the above emergency.

But if, on the other hand, upon the free exposure of the funis, no pulsation can be detected, the child is, in all probability, already bereft of life ; yet, of that fact, there is at present no direct evidence ; for the umbilical circulation may be only temporarily intercepted by pressure, and the child may be at the moment under a state of suspended animation. Between these two states, there is a most essential difference ; yet I cannot mention any characteristic mark by which one can be distinguished from the other. We must therefore be guided by probabilities ; and if, after some pause, no further pulsation can be discovered in the funis, I should be disposed to think, that life was extinct in the child. Under that impression, I should not be anxious to hurry the extraction of the shoulders and head. Yet, if the slightest umbilical pulsation is perceptible, if

there is an obvious feeling of motion, or if the mother expresses a decided conviction, that her infant was living but a short time before, immediate extraction ought not to be delayed.

In some cases, in which the breech, legs, and part of the trunk are in the world, while the shoulders and head are remaining behind, I have observed a distinct heaving of the chest and belly under my hand, indicative of a futile attempt on the part of the child to inspire. I have also remarked that, when this occurrence has taken place, the child has been born, either under a state of suspended animation from which it has been with difficulty recovered, or of actual deprivation of life. This attempt at inspiration is induced, I presume, by the premature exposure of the body to atmospheric air; and when it does occur, it ought to prove an additional stimulus to activity in the extrication of those parts which are still unborn. Whether the child in that act inhales some gaseous vapour injurious to the respiratory organs, or draws into the air-passages some portion of the vaginal fluids, is a matter of little importance; the child's life is placed thereby in the most imminent hazard, from which it can only be rescued by the speedy release of the head.

A foot or a knee may sometimes be felt at the

brim of the pelvis, or even down in the vagina, through the bag of membranes before its rupture. In such case, there will be some difficulty in detecting the difference between a foot and a hand, or between a knee and an elbow. But if, at this moment, the os uteri is but little dilated, it is not a matter of any great importance to determine the precise identity of the part ; at least it is not of that importance as to make it desirable to put the woman to additional pain, or to incur a risk of the premature rupture of the membranes. Yet the fact, that (in all probability) the presentation is not natural, ought to excite, during this interval of uncertainty, an increased degree of watchful attention ; and even to induce a close attendance within the house of the patient. At all events, as soon as the membranes give way, if the nature of the case has not been previously ascertained, any doubts which may have existed on the subject should be immediately cleared up ; not only with respect to the descending part, but also to that which is lying at the brim of the pelvis. By the information obtained in that enquiry must the subsequent practice be entirely guided. These cases generally proceed slowly, and give sufficient scope for an ample exertion of patience.

Suppose a foot or the feet to be descending, the breech to be detected at the brim of the pelvis, and the liquor amnii to be discharged, what line of conduct is to be pursued? It is to be presumed, that the practice has hitherto been perfectly passive; and so it ought to continue, until the breech distends the external parts, and is nearly excluded. There can be no doubt that, through the medium of the descending limb or limbs, artificial extraction might be previously made, and that the labour might be more speedily terminated by art. But the question here is, “not whether the labour can be *more speedily* terminated, but whether it can with *equal safety* to the mother and babe be so terminated.” On this question, I feel justly warranted in asserting, that the more completely the natural efforts are permitted to exert their agency, even to the full extension of the external parts and the exclusion of the breech, the more favorably does the case turn out for the mother and her infant.

The advantages resulting from this passive practice are sufficiently evinced, in the ease and facility with which the trunk and head are afterwards brought down; as well as in the greater chance of life to the infant. While, on the other hand, by a premature extraction of the child through rigid parts,



the woman is made to undergo an increased share of suffering, and the child to incur a greater risk. Even allowing that some time in the duration of the process may be saved by the latter mode of treatment, that will not compensate for the above disadvantages.

Most women are anxious to be released from the pains of labour, and, in a protracted case, losing that resigned patience so characteristic in the sex, earnestly implore relief. The attending friends are seldom backward in seconding these entreaties, and even proceed so far as to urge the necessity of giving assistance. But I need scarcely remark, that a rigid adherence to that line of conduct which a sound judgment dictates, generally prompts a silent yet resolute resistance to these wishes. For neither the solicitude of the patient herself for relief, nor the entreaties of friends in that behalf, ought to be allowed any weight in determining the propriety of artificial assistance.

Yet let me not be supposed desirous of pressing this passive principle beyond its proper limits. I am now merely applying it to the common cases of practice. If, in consequence of protraction, or of any incidental occurrence, unfavorable symptoms do make their appearance or are anticipated, the passive

treatment above alluded to, must give way to a more active mode of management.

In the discussion of this subject, I must not omit strongly to impress upon my reader, the propriety and utility of preserving the bag of membranes as long as possible. It must be obvious, that if this bag does not possess sufficient tenacity to resist the impulse of uterine action, it will spontaneously give way. This, however, is always an unfortunate occurrence, especially when it takes place at the onset of labour ; since it bereaves the future parts of the process of that soft compressible wedge, which proves the most effectual means of promoting the easy and gradual extension of the soft parts. The practical inference thence deducible is therefore plain and simple. That we should avoid the voluntary rupture of the membranes, under the common but deceitful expectation of thereby shortening the duration of the labour ; and also, that, under the necessary examinations, we should exercise a due degree of caution, lest the finger should be inadvertently passed within their cavity. To prevent the latter misfortune, the vaginal enquiries should be made during the absence of uterine action, in the intervals of the pains.

It sometimes happens, that, upon the sudden rup-

ture of the membranes, a fold of the funis is carried down in the eddy formed by the rapid escape of the liquor amnii, whereby it becomes exposed to compression, with its subsequent danger to the life of the child. It may be advisable, in the first instance, to attempt the return of the lapsed portion above the presenting part, but the result of such attempt is too commonly disappointment ; for, although it may be once or twice returned, it generally again descends. It will then become a question, whether, for the sake of the infant, and for that object alone, the delivery should be hurried on by art, or not ; and in determining that important point, the judgment must be guided by the state of the parts, and the degree of progress the labour has already made ; keeping in mind that the preservation of the child is the grand object in view.

Upon the announcement of a breech case, a buzz of danger generally pervades the house, which induces the most anxious enquiries respecting the safety of the parties concerned. To such enquiries, it may be candidly and unequivocally stated, that the safety of the mother is not more implicated than under a natural case ; but that the life of the child is in considerable jeopardy. It will, therefore, be a matter of policy, as well as of protection to professional cha-

racter, to throw out a hint that such is the case, as soon as the presentation is detected. Yet, although I am an advocate for the utmost degree of candour to, and plain dealing with, the husband and friends of the patient, I am seldom desirous that the fact should be communicated to the mother herself, till after the birth of the child. Such a communication might make an unfavourable impression upon her feelings; and it is a well known fact that, to the act of labour, the influence of the depressing passions is occasionally highly injurious.

From the preceding statement, it will appear, that a common breech case seldom calls for much interference, and that it is brought nearly to a conclusion by the agency of the natural powers. The presenting part is indeed not so readily moulded to the different dimensions of the maternal passages as the head; yet, being a soft compressible body, it becomes at length so far adapted to them, as to be propelled downward and protruded, in a more gentle and a safer mode than could be effected by artificial extraction, however dexterously performed. But cases sometimes occur in which, either from deficiency of pelvic space or from defect of uterine action, or perhaps from a combination of both these causes, the breech becomes impacted in the pelvis,

and demands extractive assistance for its release. To such cases, I shall now advert.

When the breech remains stationary in the pelvis for a length of time, under a due continuance of uterine action, its detention must arise either from relative mal-position, or from disproportion between the breech and the passage. Under this detention, it is no uncommon occurrence to meet with considerable tumefaction in the nates and parts of generation of both sexes, especially in the scrotum of a boy. The swelling arises from obstruction to the return of the circulating fluids, in consequence of continued pressure upon the parts above ; and sometimes proceeds to that extent in a boy, as to make the scrotum discoloured, and so much enlarged as to appear externally, even when the breech is not near the external parts. At the commencement of this swelling the child is undoubtedly alive, yet the embers of life may possibly be extinguished, before the child is expelled ; at any rate, the life of the child is in a state of danger.

If the breech has remained unmoved so long, and with such symptoms, in the situation above described, as to induce a well-grounded suspicion that it will not pass without some extractive assistance, the cause of its detention must be carefully explored.



In case there is not much impaction, with the breech well down in the pelvis, the assistance of a finger may be sufficient to overcome the obstruction, and to induce such a change in the situation of parts as may terminate in expulsion or extraction. For when once a slight advantage is obtained, the difficulty is presently surmounted. A fore-finger of that hand which appears the better fitted for the purpose, may be carried in a hook-like form over one of the groins or thighs of the child, by which an extractive purchase may be gained, sufficient to overcome a slight degree of arrest. But if the impaction proves considerable; if the outlet of the pelvis is deficient in space; or if the breech is situated so high as not to be within the full reach and power of the finger; some other means must be resorted to, affording a superior degree of purchase. In such a case, a blunt hook may be carefully insinuated over one of the groins of the child, with which traction downward must be cautiously and gradually made.

But in the application of any force to forward the delivery, it ought ever to be kept in mind, that the child may yet be in possession of life, and may possibly be extracted living. Let it further be kept in view, also, that the breech is to be drawn through living sensible parts. This impression will have a

tendency to prevent the infliction of unnecessary violence upon the different structures concerned ; whether upon those in immediate contact with the instrument, or upon those through which the breech has to pass. Would not that accoucheur deservedly incur a deep share of disgrace, who had dislocated a hip, had fractured a thigh of a living child, or who had caused the perinæum of the mother to be lacerated through his violence or carelessness ?

In a breech presentation occurring in a pelvis deformed at the upper strait, the difficulty of delivery will be in proportion to the degree of deformity there existing. If there is a less space than three inches in the conjugate diameter, the breech of a full-grown child will either not pass at all, or will be propelled through with great difficulty. It will constantly happen in practice, when there is but a slight degree of deformity, that hour after hour is allowed to pass away in anxious expectation of the descent of the breech, until the expulsive powers are much diminished in strength, or become altogether exhausted. In such a dilemma, a recourse to extractive assistance becomes eventually necessary ; yet still more absolutely so, and at a far more early period, when the deformity is considerable.

Although, upon a general principle, the application

of artificial assistance on slight grounds is justly censurable, the withholding of it until exhaustion is positively approaching, is by far more blameable. Not only is a greater degree of extractive purchase then required ; but there is also increased danger of the infliction of injury upon the mother's parts. The mode of proceeding is similar in each case, but in one the exertion of more power is required. The necessity for artificial assistance being satisfactorily established, an accurate estimate of the pelvic deficiency, as well as of the state of the soft parts, must be obtained by a suitable examination. For this purpose, it may become necessary to introduce two or more fingers, and even the greater part of the hand within the vagina. If the degree of pelvic deformity is found to be so considerable, as to preclude the extraction of the breech without the application of great force, as soon as the state of the soft parts will permit, the operation must be commenced, and prosecuted with due perseverance to the extraction of the whole of the child. And in this act, the assistance, which will be derived from expulsive uterine action, will be found most essentially useful. This fact alone shews the impolicy of long delay.

Let the fore-finger of the left hand be passed over

the thigh or groin of the child, as a guide to the introduction of the instrument. After it is properly fixed, a fore-finger is to be applied to its point, to guard the soft parts against the chance of injury. The traction downward should be regular and progressive until the limb is liberated. The other limb must be released in a similar manner, when a sufficient purchase will be obtained to extract the trunk. One arm must be then brought down by the assistance of the finger or blunt hook ; afterwards the other. But the head still remains above the brim, for the extraction of which, it may become necessary to perforate the skull. With this intention, the nape of the neck must be brought close under the arch of the pubes, and two fingers being carried as high as possible against the occipital bone to direct and guard the perforator, by the application of a steady force, with a semi-rotatory motion, the bone must be pierced at that part. Within the opening thus made, a crotchet or blunt hook must be inserted upon the base of the skull ; thus, will a powerful purchase be procured for the extraction of the head, which, by the evacuation of the cranial contents, is withdrawn much diminished in size. Under this difficult task, it is a matter of great importance to accommodate, as much as possible, the varied dimen-

sions of the head to the capacities of the pelvic cavity.

If a forcible and resolute attempt is made to bring a full-sized head in its natural state, through a pelvis incapable of permitting its descent, the head may be separated from the trunk, and be left in the uterus. Under this unfortunate occurrence, the head must be withdrawn by suitable means, without loss of time, in the following manner. Let the uterine tumour be firmly steadied by the hand of an assistant; then let the left hand be introduced within the uterus, and its fingers be placed against some part of the head, to which the point of the perforator must be conveyed for the perforation of the skull. Having effected that object, within the cavity thus made, let a crotchet be introduced, and by the application of a regular and increasing power, the head will be made to descend. During the whole of this unpleasant operation, the left hand must be kept within the parts as a guide to the descent of the head, as well as a protection against an accidental slip of the instrument.

The management of the placenta must be similar to that in any other case; I will only remark, that its removal is not unfrequently attended with some trouble. After delivery, the woman is generally left



in an exhausted and uncertain state, partly produced by the protraction of the labour, and partly by the efforts used for her relief. The utmost vigilance will be subsequently required to avert any impending mischief, especially on the first appearance of threatening symptoms.

## CASE XCI.

### *A difficult Breech Case.*

AT 10 P. M. August 13th, 1821, I was summoned by a note from one of the midwives of the Royal Maternity Charity, to attend a poor woman in the parish of St. Luke, Old Street, which stated, "that the woman was in labour of her first child with a breech presentation; that the scrotum of the boy was out of the external parts, and so swelled, that she was afraid it would burst; and that the vagina was very rigid and would not give way." Upon attending to this call, I found the case as above stated, and that no advance had taken place for many hours; the breech was certainly in the pelvis, yet not very low, although the scrotum was external. The general appearance of the woman, connected with the other circumstances of the case,

induced me to attempt to get down a leg, by hooking a finger over the groin ; but in that attempt, I was completely foiled. The failure therein arose partly from the breech being situated too high to allow by means of my finger a sufficient purchase, and partly from the parts being jammed at the brim of the pelvis. I, therefore, had recourse to the blunt hook, and having passed it over one of the groins of the child, I proceeded to make extraction ; but I was obliged to use a very considerable share of force before I could procure any descent. By perseverance, however, I succeeded in extracting the breech ; the rest of the child followed afterwards in the usual manner. The child was still-born.

The difficulty here arose from the impaction of the breech within the pelvic brim, which was narrow in its general dimensions.

## CASE XCII.

### *A difficult Breech Case.*

ON Monday evening, April 15th, 1822, I was called to Blackwall, to give my opinion upon the case of Mrs. F. a middle-aged lusty woman, the mother of several children, who had been in labour with a breech presentation for an unusual length of time,

under the care of a respectable professional man. At the time of my arrival, the presenting part had not entered the pelvis, and the labour-pains were distant and inefficient. After waiting for several hours in the house, and finding no improvement in the woman's state, or advance in the labour; it was determined, that she ought to be delivered without further delay. With some difficulty I succeeded in passing a blunt hook over one of the groins of the child, and by the assistance of its purchase, united with long-continued and powerful efforts, I at length succeeded in extracting a very large putrid child. After waiting a considerable length of time for the descent of the placenta, without its taking place, I felt myself obliged to introduce my hand for its removal; upon which, that mass was found adherent to the uterine surface. This woman continued in a very uncertain state for several days after her delivery, in consequence of the appearance of symptoms of an inflammatory kind about the uterine region; but, being relieved by appropriate management, I was enabled to cease my attendance on the 23rd of April.

## CASE XCIII.

*A difficult Breech Case.*

AT 5, P. M. Saturday, December 23rd, 1826, I was summoned to the assistance of Mrs. A. near Limehouse, in lingering labour of her first child, under a breech presentation, attended by a respected medical friend. The liquor amnii had been discharged more than twelve hours; the trunk was placed with the back towards the sacrum; the breech was low down in the pelvis, with the scrotum and penis quite external; the former was much swollen and discoloured, indeed almost black, and the labour-pains continued tolerably strong. Under this state of the case, I was desirous of being an eye-witness to the effects of the pains for some time to come; I therefore watched the woman for some hours. At 10, P. M. seeing no advance whatever, and suspecting that the trunk might be impacted in the pelvis, it was determined that the labour should be terminated; accordingly I readily passed a blunt hook over the left groin of the child, and proceeded to make a careful traction thereby. After continuing my efforts for nearly half an hour, I found the

breech much lower, so that it was presently extracted; the body and shoulders soon followed, but I had considerable trouble in releasing the head. The placenta followed in due time. The child appeared for some minutes to be bereft of life, but by immersion in warm water, and the use of smart friction on the chest, inspiration took place, which was by and bye followed by regular breathing and loud crying. Upon inspecting the scrotum, it was much swelled and quite black. On Monday, 25th, both mother and child were doing well, but the scrotum shewed a tendency to slough. I afterwards saw no more of the case.

#### CASE XCIV.

*A very difficult Breech Case, from Deformity  
of the Pelvis.*

ABOUT noon, Wednesday, November 9th, 1814, I was called to the assistance of Mrs. M. in Finsbury district, in labour of her first child, a woman of low stature, and above forty years of age. Her labour-pains had commenced on the evening of the Monday preceding, and soon afterwards her medical attendant was summoned, who had been with her the



greater part of the intermediate time. On examination, I immediately detected the breech lying above the brim of the pelvis; which, as far as I could judge from the nicest measurement I could make, did not possess a space equal to two inches from pubis to sacrum. As the os uteri was but little dilated, and the woman's strength not much impaired, I merely recommended for the present an occasional enema. I visited this patient again at six in the evening; at this hour, the os uteri was become a little more open, as well as more flaccid; the labour-pains were more forcing; but no descent of the breech could take place for want of space. Seeing no possibility of improvement, I now determined upon immediate delivery, which I foresaw would be a task of no little difficulty. Having introduced my left hand within the vagina, I passed its fore-finger over one of the groins of the child, and upon it I insinuated a blunt hook, which gave me an excellent purchase. After exerting a good deal of force, I managed to get down the leg of that side. I then carried the blunt hook over the other groin, and got down the other limb in a similar manner. The possession of the legs enabled me to extract the trunk as far as the axillæ. The arms were at this time drawn up on each side of

the head ; with some difficulty, I carried the blunt hook over one of these, which enabled me to bring it down. I proceeded in a similar manner with the other arm ; but the most difficult part of the delivery I had yet to encounter in the extraction of the head ; for it was impossible that the head could pass entire through such a pelvis, and it seemed to me to be no easy matter to perforate it. After a careful enquiry into its exact position, I brought the occiput close behind the pubes ; then passing the two fore-fingers of my left hand against the under part of the occipital bone, with the perforator, I made a large and free opening through the skull into the brain. Within this opening I inserted the blunt hook, and getting thereby a very firm purchase upon the base of the skull, by the continuance of the extractile power it afforded, under the exertion of which the contents of the cranium were largely expelled, I succeeded in extracting the head. The placenta followed immediately. The next day the woman had procured refreshing sleep during the night ; had passed urine ; and, indeed, seemed as comfortable as if she had undergone no unusual inconvenience. She ultimately recovered as well as after the most natural labour, and is still living.

## CASE XCV.

*A very difficult Breech Case, from the Size of the Child.*

ABOUT one in the morning of Friday, August 1st, 1828, I was summoned to attend Mrs. J. near Aldersgate Street, in consequence of the sudden discharge of the liquor amnii. She had had slight pains the greater part of the preceding day, which induced a suspicion that her labour was coming on, and led her husband to apprise me of the fact. Upon my arrival at the lady's residence, I was told that a very large quantity of water had escaped; and, on an examination, I detected the breech at the brim of the pelvis, with the os uteri somewhat dilated. By and bye, the pains became strong and forcing; the breech seemed to be gradually descending with much swelling of the scrotum, and the case promised a happy termination in a moderate space of time. But after the pains had continued very powerful for some hours, without producing that descent in the breech which I had anticipated, they became distant and slight; gradually declining in power till they had almost disappeared. At this time, the lower part

of the breech had not reached the centre of the pelvic cavity ; its great bulk appeared to me to be firmly impacted in the brim. I had attended this lady in several previous labours without any unusual delay ; knowing, therefore, that there was no deficiency of pelvic space, I could only attribute the lingering state of the present case to disproportion from the size of the child ; to malposition ; or to want of power in the pains. The lady was a large corpulent woman, and not likely to bear the effects of a long protracted case with impunity ; she was also the subject of an extensive umbilical hernia. Looking at these facts ; seeing that the breech for some hours had made no advance ; and that it was completely blocking up the brim of the pelvis ; I determined upon giving some extractive assistance ; and, fixing a blunt hook over one of the groins of the child, about seven in the morning, I began to make strong extractive efforts, but without producing the least descent in the breech. Thus foiled, I removed the instrument to the other groin, and after some trouble, I got down a leg. Notwithstanding the purchase which the leg afforded me, I had the greatest possible difficulty in bringing down the breech, and equally as much in extracting the trunk to the axillæ. I was now obliged to ex-

tricate each arm by means of the blunt hook, and afterwards, by favouring the passage of the head to the brim of the pelvis, I at length was enabled to withdraw it. I had no trouble with the placenta. After its removal, the uterus seemed tolerably well contracted, although during the delivery it offered very little expulsive assistance. For a few days this lady had no unpleasant symptom; but on the 8th of August, she had two distinct rigors with subsequent febrile symptoms, which did not entirely subside for more than a week; but in due time she quite recovered, and has since enjoyed a good state of health.

The child weighed nearly fourteen pounds avoirdupois, and with one exception was the largest child I had met with.\*

### CASE XCVI.

*A Case of Difficulty produced by improper attempts at extraction under a Breech Presentation.*

ON Thursday, March, 17th, 1814, I was called by one of the midwives of the charity, to the assistance

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\* Vide case 53rd, Part 1st.



of a poor woman in Petticoat-lane, whom the midwife had so far delivered under a breech case, as to have got the legs and body down as far as the shoulders; but the other parts of the child were fixed above so firmly, that she was unable to extricate them. Upon enquiry into the cause of the difficulty, I found the head placed with the occiput behind the pubes, and the chin hitching upon the sacrum; both arms were also drawn up by the side of the head; in this situation the child had remained for some hours. My first object was to give the trunk a slight inclination sideways, by which the relative situation of the shoulders and head was somewhat changed; I was then enabled to release each of the arms by means of a hooked finger; the head was afterwards extracted without much trouble. The placenta immediately followed. I heard no more of the case.

### CASE XCVII.

#### *A similar Case.*

AT six, A. M. Tuesday, March 28th, 1820, I was called in a hurry to the assistance of a lady in Broad

Street, who had been some time in labour under a breech presentation. On my arrival at her bed side, I found the breech and trunk external as far as the axillæ; but the arms, shoulders, and head were in the pelvis, or above its brim, and all the efforts of her medical attendant had hitherto been unsuccessful in bringing them down. In this situation they had remained for more than an hour; of course the child was already deprived of life. Upon making an examination, I soon discovered the cause of failure in my predecessor's attempts. He had got the head locked in the pelvis with the occiput behind the pubes, and with the chin to the sacrum. By a little inclination of the trunk, after some trouble, I was enabled to release the arms by means of my fingers; afterwards changing the position of the face, I brought the head through the pelvic brim; but that act required the exertion of considerable force, as the projection of the sacrum was unusually prominent. Notwithstanding the difficulties attendant upon the delivery, the lady recovered without any subsequent inconvenience.

## CASE XCVIII.

*A similar Case.*

ON Sunday, November 6th, 1830, I was sent for to a similar case near the Minorities, in which the attending accoucheur had extracted the child as far as the head, but his best efforts could not release the head. On my arrival at the address, the child was still alive, as was evident by an attempt on the part of the abdominal and pectoral muscles to raise the chest for inspiration, even although the head was above the pelvic brim, in which situation it had remained for more than a quarter of an hour. By merely giving the head a slight turn, it was brought through the pelvis, and soon extricated. The child was immediately immersed in warm water, and presently beginning to breathe, was restored.

The difficulty in the three preceding cases was produced by a want of attention to the mode in which the trunk passed through the pelvis. I insert them as a caution to my junior brethren to attend to that point.

## ON THE SHOULDER PRESENTATION.

THE child is in this case placed transversely across the pelvis ; its descent and exit are therefore almost necessarily precluded without an artificial change of position. To such a presentation, the common term, *cross-birth*, is not improperly applicable.

I cannot mention any particular symptom or sensation during pregnancy, which is expressly characteristic of this misplacement ; the act of labour, therefore, commences under a happy ignorance of the fact. Yet, perhaps, if the abdomen was allowed to be examined towards the end of gestation, an expert hand might detect such a difference in its general feel and appearance, as would lead to a plausible inference at least, that the child did not occupy a natural position. The uterine tumor would possess an increase of breadth from hip to hip, with a diminution of extension upward. But, from the most accurate information on this point, no ultimate advantage could be derived ; it would therefore prove of little practical value. For no steps could be taken, previous to the establishment of labour, either to rectify the position of the child, or to diminish the future sufferings of the mother.

But the feelings of a pregnant woman are sometimes materially interested in the presentiment, that her babe is not correctly placed ; especially if she has received any injury, or has been exposed to sudden fright or alarm. In either instance, it rarely happens that her apprehensions are verified ; yet the impression is a source of anxiety and annoyance for the remainder of her period, the effects of which it is an act of kindness to endeavour to counteract.

The process of labour commences as in a natural case, but its first stage is usually of longer duration, in consequence of the pains being for a time slighter and more distant. The bag of membranes is protruded downward by little and little in an elongated form, by which the os uteri is gradually opened. Although the pains may increase in power, the presenting part does not proportionally descend ; it continues to occupy the brim of the pelvis. If a vaginal examination is made at an early period of the process, the presentation is rarely to be defined ; it is seldom to be detected within the range of the finger, unless an elbow or a hand may have come down within the elongated bag. When the membranes break, the liquor amnii is at once discharged ; uterine action is then, sometimes, less frequent and powerful, and occasionally it is suspended for some



hours ; but even if it afterwards should become more vigorous, the child does not descend. If a hand has come down into the vagina, it is pushed lower and lower, and may even be protruded externally. Should immediate assistance be not at hand to turn the child, or should artificial delivery be long protracted, uterine action becomes more powerful and expulsive, but the free descent of the child is still prevented by its adverse position. Yet the volume of the uterus diminishes in bulk, and its parietes more closely embrace the body of the child. If delivery be further neglected, or cannot now be accomplished, the difficulties increase in a compound ratio ; to that degree, indeed, that it is occasionally found impossible to effect that object by the simple process of turning. Some other expedient must therefore be adopted to bring about delivery ; or the woman will sink under a gradual exhaustion of the animal powers, or under laceration of the uterine structure. But if the woman should fortunately have a very large-sized pelvis, or if the child should prove to be comparatively small, by a continuance of uterine action, and by the subsequent compression of the several parts of the child into a smaller space, with great difficulty and under severe suffering, they may be so far accommodated to the passage, as to be at length squeezed through, and expelled.

Every case, in which the presenting part does not readily come within the range of the finger, especially after the establishment of pains and relaxation of parts, ought to receive an unusual share of watchful attention. For that circumstance ought to excite a justifiable suspicion, that some other part of the child except the head, may be placed at the brim of the pelvis. And until that point is satisfactorily cleared up, the mind is kept in a state of anxious suspense, with regard to the subsequent management of the case. During this interval, it is a matter of some moment to preserve the bag of membranes unbroken, as long as possible. The bag may by accident be inadvertently ruptured under an examination ; but to prevent that occurrence, the necessary enquiries may be made in the absence of uterine contraction, under a flaccid state of membrane ; they ought not to be frequently repeated, at least for the present.

Under such a state of uncertainty, I consider it to be an indispensable duty on the part of the accoucheur, either to remain in the house of his patient, or to be within instant call. I have known a breach of attention to this important maxim to be followed by the most serious consequences. The membranes have suddenly given way during his absence ; he has lost the momentary opportunity of delivering his pa-

tient by turning ; the pains have become urgent and forcing before his arrival, and the woman has had subsequent difficulties and dangers to encounter, which timely aid would certainly have prevented.

The detection of a hand in the vagina affords a fair presumption that the shoulder may be placed at the brim of the pelvis ; yet it is by no means a proof of that fact ; for a hand will sometimes descend by the side of the head or breech.\* Although it may be desirable to detect the precise part above, any attempt to attain that object should be cautiously and prudently made ; and the more particularly so, if the bag of membranes is found entire, with but slight relaxation of the soft parts. But after the membranes have given way, the necessary information should be immediately obtained ; and such measures thereupon taken, as the exigencies of each case may seem to demand. In prosecuting those enquiries which are to decide a doubtful question of such importance, the presenting part may be situated too high to be perfectly commanded by the finger ; it may therefore be requisite to introduce the greater part of the hand, and even occasionally the entire hand, within the vagina, to avoid mistake.

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\* Vide Part 1st, Case 51, page 298 ; and Case 100, Part 2nd.

In this examination, the shoulder is detected by its being more pointed than the breech ; by the attachment of the arm ; by the axilla and ribs ; by the apex and spine of the scapula ; and sometimes by the spinous processes of the vertebræ. But in many instances, in which a hand has not come down, the marks of a shoulder-presentation are very obscure ; they are by no means so plain and distinct as to be instantly recognized ; they require some application, and a nice tact to make them out. The absence of certain appearances, as well as the presence of others, must be taken into consideration ; and a conclusion must be formed, partly from positive, partly from negative indications. The pelvic cavity will be found to be either unoccupied by any part of the child, or very imperfectly so ; the descent of the child being prevented by want of accommodation to the passage.

I have already described the marks by which the breech is recognized ; and if they are compared with the above, a striking difference is immediately apparent ; yet the shoulder may be mistaken for the breech, from its softness alone. But a little nicety in the examination will presently correct any inaccuracy on this point. If the hand has passed down by the side of the head, the head is immediately

detected by its rotundity ; by its solidity ; and by its sutural divisions ; it cannot well be mistaken for the shoulder. Yet, under such circumstances, the position of the child may be easily changed. A natural presentation, with the addition of a hand down by the side of the head, may almost unintentionally be made a preternatural case ; merely by seizing the hand under a mistake, and pulling downward by the traction it affords.

Having satisfactorily ascertained that the shoulder is the presenting part, one general rule of practice is applicable to every case of this kind, if the period of gestation is nearly completed. The adverse position of the child must be changed by the hand ; in other words, the child must be turned, and brought down by the feet. In adverting to this mode of management, as a general principle, let it not be supposed, that natural expulsion is never effected when the child is thus situated ; but such expulsion is so seldom accomplished by uterine agency alone ; so great a degree of hazard is also incurred by awaiting that rare event ; that it has now become the established practice to turn the child by art, as a preferable, and a far less dangerous mode of proceeding.

That point being determined, the next consideration is, the most seasonable time for the performance



of the operation. If the time for acting be completely at the option of the operator, the best and most favourable time is, when the os uteri is nearly dilated, under a flaccid and dilatable state, and before the discharge of the liquor amnii. But if, either through absence or inattention, this desirable moment has been suffered to pass by, delivery should be attempted as soon as possible after the escape of the liquor amnii. For after that occurrence, the uterus acts with an increased degree of frequency, and of energy ; its parietes are brought into close and more immediate contact with the body and limbs of the child ; so that the longer is the interval which elapses between the escape of the liquor amnii and the attempt to turn, the greater are the difficulties to be encountered in that act ; but if that attempt should be unfortunately foiled, the ensuing difficulties are increased in a still higher degree.

The operation of turning, under the favourable state above-described, is definite and easy ; especially to those who have acquired a degree of manual dexterity by habit. Having made the necessary arrangements, by placing his patient in a proper position, close to the side or bottom of the bed, by baring his arm and besmearing his hand and arm

with some unctuous substance, the operator seats himself in a chair, or kneels upon the floor close to his patient. I prefer the latter posture, because it affords a more steady command of the hand; and, in cases of difficulty, permits the free use of its muscular powers with the least weariness. He commences the gradual introduction of his hand, (the left I always prefer) formed into a conical shape, into the vagina. The ease or difficulty of this first part of the process, with the degree of pain attached thereto, is dependent upon the degree of relaxation, or of rigidity, in the external parts and the vaginal passage. Having passed the hand completely within the vagina, it is to be gradually insinuated within, and through the os uteri into the uterine cavity. The presenting part is now to be pushed away or passed by; and the feet or a foot to be sought for. At this moment, considerable caution should be exerted, that a hand is not mistaken for a foot; a mistake which would materially aggravate any previous difficulty. Having met with the feet or one foot, engrasp the part firmly within the hand, and bring it through the brim of the pelvis into the vagina; the breech follows, so that the rest of the labour is to be managed as a breech case, already described.

But to cases of greater, or of still more extensive difficulties, in which the liquor amnii has been discharged for an hour or two, or for a longer space of time, the same line of conduct is applicable ; but it must be commenced with caution, and steadily prosecuted, until the act of turning is completed. If the labour-pains have been strong and expulsive, the uterine tumour becomes considerably diminished in size, and the different parts of the child are firmly surrounded by the uterine parietes. The hand of the child is also sometimes protruded through the external parts, while the shoulder and a portion of the chest are occupying the brim, or are even pushed somewhat downward into the cavity of the pelvis. Under such a state, there is no room for the introduction of the hand of the operator, without dislodging some of the parts above ; and, even allowing that, by mere dint of force, the hand can be pushed up into the uterus ; the breech cannot enter the pelvis and descend, so long as that cavity is occupied by the shoulder and side. A first part of duty, therefore, must be cautiously and steadily to raise the chest and shoulder by a gradual, yet increasing power ; and in the attainment of that object, I have now and then successfully used the protruded arm as a lever. But in the performance

of that duty, no forcible attempt should be made during the temporary contraction of the uterus. Under the state of uterine action, the hand should remain perfectly passive, yet tenaciously retaining any advantage, it may have acquired ; and proceeding onward in the intervals, it at length reaches a lower extremity, which must be firmly grasped, and brought down.

Although this operation, in an extreme case, may have been so far successful, as that a foot and a leg have been brought to the brim of the pelvis, or even partly into the vagina ; yet the position of the shoulder and chest may possibly preclude the free descent of the breech and trunk. The extent of uterine contraction has probably prevented that complete displacement of the shoulder and chest, as to permit that descent. The child would be therefore, at this moment, but half turned, and there would be a foot and a leg down by the side of those parts which still block up the passage. An attempt should now be made to push the shoulder out of the way, and at the same time to pull down the leg. It will, however, too frequently be found very difficult, if not impossible, to retain hold of the extremity brought down ; partly in consequence of the slippery state of the limb, and partly from the weariness which

the hand of the operator has undergone in the previous stages of his operation. To supply the defect of manual purchase thereby occasioned, it may be necessary to pass the noose of a strong tape around the ankle, which will afford the means of a powerful traction downward ; while with the other hand endeavours are made to raise the obtruding shoulder. By a cautious and steady perseverance in this course, the shoulder is at length dislodged, and the breech is brought down into its place. The case is then under complete control, and may be finished at pleasure. In a few instances of this difficult kind, I have used an elevator (an instrument furnished to me by the late Dr. Combe, some years ago,) with considerable advantage.

But in attempting to counteract any obstruction which may oppose the introduction of the hand or the descent of the breech, let it ever be kept in mind ; let it never be over-looked, that much mischief may be inflicted upon the mother by a determined resolution to deliver at all events ; to oppose and surmount every obstacle by manual force. Most lamentable instances of laceration of the soft parts have occasionally been the unfortunate consequences of such conduct. It cannot be denied that artificial delivery, under a state of uterine contraction, de-



mands a large share of persevering efforts ; but they should be confined within such bounds, and applied so carefully as not to endanger the structure of the parts concerned in the act ; under the expression also of the most kindly feelings. If the uterus should be so firmly contracted upon the body of the child, as to render the admission of the hand impracticable without the exertion of great force ; if also unsuccessful attempts have been already made to pass the hand, some other course must be devised, which promises a more fortunate result to the mother.

In difficult cases of turning, it will prove a great advantage to the operator in his future movements, to have previously acquired a correct acquaintance with the local and relative situation of the different parts of the child by vaginal enquiry. He will thereby be enabled to carry up his hand in the nearest and readiest direction to the feet ; and likewise to judge, whether the use of the right or of the left hand, seems more appropriate to the attainment of his object. By not availing himself of the above useful information, he commences his operation quite in the dark ; and in consequence, he may have to encounter difficulties in the performance of his task, which he did not anticipate. But having once com-

menced, and having even partially introduced his hand, he should steadily, yet moderately persevere in his efforts under all disadvantages. If, at this moment, from uterine pressure or other cause, he should be induced to withdraw his hand, he will not only forego any advantage he may already have obtained, but he will also have to recommence his operation under an increase of difficulty, or to project some other mode of delivery.

In those hazardous cases, in which the uterine parietes have become so strongly contracted upon the body of the child, as almost to preclude the possibility of introducing the hand at all ; or at least, not without such a degree of effort, as would incur the risk of injury to the uterine structure itself ; I have had recourse to one of two modes of practice ; either to the decapitation of the child by a suitable instrument, or to the perforation of the chest, and subsequent exvisceration. The shoulder and chest are presumed to be either immoveably impacted in the pelvis, with the rest of the child so firmly encircled within the uterine parietes, as scarcely to admit the passage of a finger between them ; or to be lying in the same state across its brim, especially when the pelvis is faulty. In the selection of either of these extreme modes of proceeding, or the union

of both in particular instances, the accoucheur must be guided by the relative position of the child, and the respective bearings of its several parts.

Decapitation cannot be readily and successfully accomplished, unless the child is so placed, that the fore-finger of the operator can easily reach and surround the neck ; in such case, that kind of mutilation may be performed without much difficulty. The instrument which I have used for the purpose, is a strong hook with its internal surface ground to a cutting edge.\* I first pass a fore-finger over the neck of the child, and upon it I introduce a common blunt hook, which I bring to its full bearing ; by the side of this blunt hook, I introduce the decapitator, after which I withdraw the former ; then applying my fore-finger to the point of the instrument, as well for a guard to its action, as a defence to the mother's parts, I apply gradually such a degree of force, as brings the instrument through the neck. This being done, by the assistance of an arm, the trunk is readily withdrawn ; after which the head may be brought away by the crotchet or otherwise, as may be deemed necessary.

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\* A representation of the instrument is given in Professor D. D. Davis's Elements of Operative Midwifery, plate xvii. fig. 3.

Perforation of the chest offers the safest and most effectual mode of delivery, when the chest and ribs are situated in, or at the brim of the pelvis, immediately opposed to the examining finger ; or when a considerable portion of these parts are pushed into, and are firmly impacted within the upper part of the cavity ; the neck being out of reach. A large perforator, with a cutting edge on its outer surface, well guarded by the hand, must be introduced between the ribs, and an opening made sufficiently large to admit the introduction of the hand ; through this opening the contents of the chest, and those of the abdomen must be gradually withdrawn. This unpleasant operation, necessarily occupies a considerable space of time ; it allows the trunk at length to bend upon itself, and to collapse into a smaller compass. If the pains continue regular and effective, the diminution of bulk in the trunk may afford room for the entrance and descent of the breech, which then, pushing the other parts somewhat out of the way, passes through the pelvis in the manner to be presently described.

But in default of expulsive effort to produce this descent, recourse must be had to artificial extraction by the blunt hook, or the crotchet. In that operation, the instrument should be fixed within the pelvis

of the child ; and having procured a good purchase, a degree of power must be applied equal to the exigencies of the case. Under the exertion of this power, the body of the child becomes so far compressed, in a doubled form, as to permit the entrance of the breech into the pelvis ; after which it is soon brought down, and withdrawn under a great extension of the perinæum. If attention is not paid to the direction in which the extractive instrument is attempted to be fixed, the difficulty already existing may be materially increased. Suppose an attempt to procure an extractive purchase towards the chest of the child is successful, and that extraction is thereby commenced ; it will be soon found, that the child cannot be made to descend, even under the application of great force, in consequence of the adverse position of the head above the pelvis.

A natural expulsion of the child is sometimes met with under a shoulder-presentation ; but such a termination of that case, is so rare an occurrence, as scarcely to be depended upon in common practice, except under premature labour.\* When it does take

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\* This process was noticed by Dr. Denman, which he considered to be a "*spontaneous evolution of the fœtus.*" Although that celebrated accoucheur did not seem to comprehend the mode in which it was effected, he is justly entitled to the merit of having recorded the fact. A more recent and satisfactory account of this natural



place, the arm, shoulder, and chest, are propelled downward by uterine action ; the strength and continuance of which direct the apex of the shoulder under the arch of the pubis, while the chest and part of the trunk are occupying the cavity of the pelvis. During this time, the trunk is undergoing a considerable diminution in its original bulk by the bending of the back, and the doubling of the belly ; there is also some change of position in the different parts of the child. These advantages permit the entrance of the breech at one side of the brim of the pelvis ; then the continued action of the labour pains pushes that part lower and lower, till it gains possession of the hollow of the sacrum ; after which, it is gradually expelled under an unusual degree of personal suffering, and of perinæal extension. Under this process, the life of the child is generally destroyed by the violence of the expulsive efforts.

As this subject is a matter of some practical importance, I will endeavour briefly to state some of the principal points, whereon a rational expectation of natural expulsion may be indulged. The woman should possess a pelvis of a full, or of an

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expulsion has been given by Dr. Douglas, of Dublin, in a pamphlet, entitled, “ *Explanation of the real Process of the Spontaneous Evolution of the Fœtus,*” 1819.

extra size, to which the several parts of the child should be properly apportioned. The labour pains should continue strong and expulsive, producing from time to time some obvious descent of the parts already engaged within the pelvis. There should also be a gradual accommodation of those parts to the dimensions of the cavity, until the entrance of the breech. If it be found, that the apex of the shoulder is advancing outward ; that a larger portion of the child becomes by degrees involved within the pelvic cavity ; and especially if the breech can, after a time, be detected in the pelvis, it may fairly be presumed, that the child will ultimately be expelled.

Yet upon the whole, considering that expulsion is, in these cases, an uncommon occurrence ; that at full time we can form little judgment of the relative proportion of the child to the capacity of the pelvis ; that in awaiting a natural expulsion we may possibly be deceived in our expectations, and be obliged to deliver under an increased degree of hazard, as well as of suffering to the mother ; that the child is usually still-born ; and lastly, that at the commencement of labour, we have the opportunity of turning without much hazard or pain ; I think, that we are not justified in leaving a shoulder-presentation in common cases, as a matter of choice, to the operation of the

natural efforts. The woman would thereby be exposed to a greater risk of personal injury, and to the infliction of far more pain, than she would suffer under the operation of turning, when timely and skilfully performed.

It may indeed happen, that a shoulder case, in the first instance, may have been neglected, or may not have been detected ; and that the shoulder and the chest may have become so far impacted in the pelvis, as to frustrate any common attempt to turn the child. In such case, it would become a practical question, whether it might not be prudent to await for some time longer the effects of uterine action, in the expectation of natural expulsion ; or to have recourse without delay, to either of the preceding modes of delivery, as may seem the best suited to the case. In determining that question, we must refer to the quantity of chest already involved in the pelvic cavity ; to the capacity of that cavity as far as it can be ascertained, and to the power and effects of the labour-pains. At the same time, it must be taken into consideration, that natural expulsion, without a diminution of bulk, is attended with more pain, with a greater extension of soft parts, and therefore, with a greater risk of their laceration.

Another species of mutilation has been recommended, and occasionally even had recourse to in some difficult cases, in which the shoulder has become impacted in the pelvis, with the arm and hand external ; and in which, a previous attempt to turn has not proved successful. I mean the dismemberment of the arm at the shoulder. It is proposed under the delusive idea, of diminishing the general bulk of the presenting part, and of permitting a more ready entrance to the hand for the purpose of turning ; but neither of these objects can it satisfactorily effect ; indeed it seems to me, that such an act can only increase any difficulties heretofore existing. The operation must be performed either by means of some cutting instrument, or the arm must be forcibly twisted off by the exertion of violence. By either mode, a larger portion of the child must necessarily be drawn down, and more firmly wedged within the pelvis. But even after the removal of the arm, no advantage is gained ; for the shoulder and chest remain in the same state, or perhaps in a more impacted state, with all the previous obstacles to the introduction of the hand. Besides, such a degree of confusion is thereby produced within the vagina, as to make it almost impossible to discriminate the parts of the child from those of

the mother. I therefore consider the dismemberment of a descended arm to be rather detrimental than beneficial.

In some cases, in which turning has been previously but unsuccessfully attempted, and perhaps repeatedly attempted, large doses of opiates have been advised, and sometimes administered, with the intention of diminishing uterine power; of removing some part of that contraction which resists the admission of the hand; but generally without any apparent advantage. Opiates may indeed have the power of suspending those temporary contractions of the uterus, which are called *the pains*; but they are not able to remove, or even to diminish that tonic contraction, the natural result of continued exertion of the voluntary and involuntary efforts combined. It is this tonic contraction, through the medium of which the uterus is so firmly constricted around the body of the child, which prevents the introduction of the hand. If any relaxant advantages are anticipated from the exhibition of opiates, I fear, that those favourable expectations founded thereon, will generally terminate in disappointment. Besides, during the lapse of time, which ought to be allowed for awaiting the full effects of an opiate, the uterus is becoming hourly more tenaciously contracted;



and perhaps the woman's powers may not be improving. The existing difficulties, therefore, instead of being at all lessened or counteracted by an opiate, seem to me to be rather increased. To these objections may also be added, that to many women the subsequent effects of a large dose of opiate are frequently oppressive ; and in some instances, very injurious. Their use, with the above intentions, has been long discarded from my practice.

In a presentation of the belly or of the back, a similar mode of practice is to be pursued, as under a shoulder-presentation. The same general rule is applicable to both ; the child must in both instances be turned, as soon as the presentation is detected, and the state of the soft parts will permit. These cases are by no means so frequent as the shoulder-presentation ; and are readily detected by the different feel of the parts.

## CASE XCIX.

### *A Common Shoulder Presentation.*

ABOUT one o'clock in the morning of Wednesday, March 29th, 1820, I was summoned by a note from one of the midwives of the charity, to the assistance

of a poor woman, in Marmont Street, Commercial Road. The midwife had been called about ten the preceding night ; at this hour, the pains were slack and distant, and she could not detect the presenting part. About half after twelve, the membranes gave way, when a hand and arm came down into the vagina, upon which the husband was dispatched to me. On an examination, I found the shoulder at the brim of the pelvis, the right arm down in the vagina, the back of the child towards the mother's spine, and the head towards the left ilium. I immediately passed my hand into the uterus without the least difficulty, and instantly embracing the feet, I brought them down into the vagina. Waiting a little for uterine action, I endeavoured to assist the natural efforts by gentle extraction. But when the trunk was nearly excluded, I felt the child's chest heaving under my hand in an obvious attempt at inspiration. This occurrence induced me to hasten the release of the arms, shoulders, and head ; but in spite of my best endeavours, some minutes elapsed before I was enabled to effect that object. During that time, I was apprehensive the child would suffer, in consequence of the pressure upon the funis. Soon after extraction, however, the child began to breathe, and presently gave ample proofs of the perfection

of life. I had no trouble with the placenta. The woman did well.

## CASE C.

### *A Hand down by the Head.*

ABOUT one in the morning of Thursday, April 6th, 1820, one of the midwives of the charity informed me by note, "that she was attending a poor woman in Angel Alley, Bishopsgate Street; that the membranes had just broken, and that a hand had come down;" requesting at the same time my immediate assistance. I attended this summons without delay, and on examination, I detected the head at the brim of the pelvis, with an arm by its side. The pains had hitherto been trifling, but they were now increasing both in power and frequency. Introducing my hand into the vagina in the interval of uterine action, I soon returned the hand and arm above the head; and keeping these parts in that situation at the extremity of my fingers, I was pleased to find, that the next return of pain caused a considerable descent of the head without any portion of the parts before protruded, again engaging in the pelvis. The future part of the labour was entirely entrusted to

the natural agents, which satisfactorily concluded it in a moderate space of time.

On such cases, I must here remark, that if the head and arm have made considerable descent together, and seem to be firmly wedged in the pelvis, an attempt to return the arm will either be unsuccessful, or if determinedly persevered in, will require the exertion of so much force, as to endanger the structure of the parts concerned by contusion or laceration. A due degree of prudence must, therefore, always be exercised as to the quantum of power to be employed, as well as to the mode in which it is employed. Instead of using much violence, it will be preferable to leave the case to Nature, or to have recourse to other means of delivery.

## CASE CI.

### *A very Difficult Preternatural Case ; the Shoulder Presenting.*

ABOUT 10 at night, February 22d, 1809, I was called to the assistance of a respectable woman, in Fleet Street, the mother of several children, who had been in labour all the day under the care of her usual medical man. The membranes had given way about

four in the afternoon, when a hand came down ; upon which an attempt was made to turn the child which proved unsuccessful ; and similar attempts had been made in the interval. A considerable time had been wasted in quest of a particular accoucheur, who could not be found ; and between nine and ten, the husband came to my house. On an examination, I detected the shoulder at the brim of the pelvis ; both hands, with the funis without pulsation, down in the vagina ; the uterus firmly contracted upon the child, and the pains violent and expulsive. I made an attempt to introduce my hand within the uterus, and after some perseverance, I did partially succeed, yet not to that extent as to command a foot ; but, after some time, my hand became so cramped, and so completely useless, that I was obliged to withdraw it. I now thought of decapitation, but how to accomplish that act, I at that time scarcely knew. The late Dr. Combe had shewn me, a short time before, a pair of decapitating scissars, which he considered well adapted for that purpose ; I procured that instrument, but I found it in my hands entirely useless ; being unable to surround the neck of the child. We then determined to call in Dr. Combe himself, under the idea, that he might use his own instrument more dexterously. Upon his arrival about



midnight, he made an attempt to decapitate, but was also foiled. Upon this Dr. Combe introduced his hand partially within the uterus, and after much perseverance, he got a finger over one of the hams, and fixing there a blunt hook, he brought down a foot to the brim of the pelvis; being now sufficiently tired, he returned the management of the case to me. Seizing this foot I gradually got down the leg; and making my purchase downward by the leg, at the same time, with my other hand pushing up the shoulder, I at length succeeded in bringing down the breech, and in finishing the delivery. Doctor Combe was nearly two hours in effecting the first part of the operation, yet there was no appearance of blood, and the pains were strong throughout. The next day this woman, notwithstanding the length and degree of her sufferings, appeared uncommonly well, and recovered as soon as after any of her previous labours.

## CASE CII.

*A Shoulder Presentation turned with difficulty.*

ABOUT the middle of the day of Tuesday, November 19th, 1816, a messenger was dispatched from Step-

ney, to procure my immediate attendance in a case of difficult labour. I there learnt that the process had commenced on the day preceding; that the membranes had ruptured many hours before; that the shoulder was presenting with the arm down in the vagina; and that attempts had been already made by two medical men to deliver the woman without success. Upon making a vaginal examination, the right arm was low down in the pelvis with the shoulder at the brim, and a portion of the ribs firmly impacted in the cavity; the head of the child was placed anteriorly and reverted; the breech was directed posteriorly, and rather to the left side; and the uterus felt strongly contracted upon every part of the child. Looking at the degree of tonic contraction which the uterus had already acquired, my first impression was to sever the head from the trunk; but I soon found it impossible to put that intention into effect; for the head was so reverted by uterine action, that I could not pass my forefinger over the neck of the child. The pains continued strong and expulsive. I had now no other alternative than to attempt to turn the child; having at that time never performed the operation of perforating the chest, and not daring to trust to Dr. Denman's process of the spontaneous evolution.

I, therefore, carefully and resolutely commenced the introduction of my hand, and finding that I gained a little advantage in pushing up the descended parts, I persevered onward, until I had passed the shoulder, and was able to lay hold of a foot, which I brought down to the brim of the pelvis. Now pushing up the shoulder and ribs with my left hand, while my right hand was employed in pulling at the leg, after considerable exertions, I at length succeeded in bringing down the breech, after which the rest of the delivery was presently accomplished. The next day some alarm was excited by the sudden accession of a smart rigor, followed by heat upon the skin, quickness of pulse, and pain at the lower part of the belly; but by a free abstraction of blood, a large dose of calomel, and subsequent purgatives, these symptoms were speedily relieved. From this time the woman gradually recovered.

Although in this and the preceding case, the women ultimately recovered, I should not again, especially with the practical information I have now obtained as to other and less objectionable modes of relief, have recourse to delivery by turning in similar cases. In its place I would resort to perforation of the chest, and to subsequent extraction. In the above case, natural expulsion might possibly have

taken place; but having witnessed no previous instance of the kind, I durst not wait in expectation of its occurrence; besides all parties were urgent for immediate delivery.

### CASE CIII.

#### *A Shoulder Presentation under Twins.*

AT 11, A. M. April 17th, 1818, I had a note from a midwife, requesting me to see a poor woman in East Smithfield, with the intimation "that the waters were off and the hand down." I visited this patient directly, and found an arm down in the vagina, the shoulder at the brim of the pelvis, and the head lying over the right ilium; the os uteri was considerably opened and lax. I immediately introduced my hand and turned the child; but I withdrew the child very slowly, as the uterus seemed little disposed to act. The child was still-born. Upon placing my hand upon the abdomen, its size immediately convinced me, that there was a second child in utero. After waiting the return of uterine action for some time, and observing no disposition thereto, I became desirous of rupturing the second bag of membranes, but its flaccidity gave me some trouble. Having

effected that object by means of a stilette, an unusual quantity of liquor amnii was discharged. I now found the feet of the second child presenting, and seizing one, I brought down the breech and afterwards the other parts of the child, which soon shewed signs of life. On examining for the placenta, both portions were found separated, and merely required to be withdrawn. The next day the woman was doing well.

#### CASE CIV.

##### *A Shoulder Presentation under a contracted Pelvis, with Perforation of the Head.*

ABOUT noon on Wednesday, July 11th, 1821, one of the midwives of the charity transmitted me a note, requesting me too see a poor woman in Bricklane, Spitalfields, who was stated "to have been in labour six hours with the membranes broken, the arm presenting and but little pain." I found the right arm down in the vagina with the hand out of the external parts, and the shoulder lying at the brim of the pelvis, which I knew, from a previous attendance upon the woman, to be not well formed. I turned the child without much difficulty, and



extracted it as far as the head ; but the head stuck at the brim of the pelvis. After using such a degree of force as I thought advisable, without being able to draw down the head, I had recourse to its perforation under the occipital bone ; and afterwards by the assistance of the crotchet, I had no great difficulty in finishing the delivery. The next day the woman was promising to do well.

#### CASE CV.

*A Shoulder Presentation under a high degree of Uterine Contraction, delivered by Perforation of the Chest, and subsequent Decollation.*

Mrs. D. fell into labour of her second child in the early part of the day of Wednesday, September 29th, 1819. Her former labour had been slow and protracted, but it was at length safely terminated by the natural agents, under the care of a respectable midwife. For her present confinement, she determined to engage a male practitioner, and unfortunately selected one, whom the sequel will shew to have been quite undeserving of her confidence. The doctor (as he was termed) was soon informed of the commencement of her labour, and paid her a visit ; but

as the pains seemed then trifling, and as he lived in the neighbourhood, he did not remain long in the house, but went about his regular business. Some time after his departure, the membranes broke, and he was recalled about one o'clock in the day. Upon his return, he found a hand down in the vagina, with the shoulder at the brim of the pelvis ; he made an immediate attempt to turn the child, but in this attempt he proved unsuccessful ; attributing his failure to strong uterine action, and to want of room at the brim of the pelvis. After the lapse of a short time, he made a second attempt, in which he was also foiled. He now gave the woman a large dose of laudanum, and while she was supposed to be under its influence, this active practitioner made a third essay, which proved equally unsuccessful as the preceding ones. Not at all daunted by these repeated failures, and apparently determined to effect his object, towards night he repeated the dose of laudanum, after which he made several more ineffectual trials during the night, and even to the time now to be mentioned ; a little before which, he confidently asserted that the child was coming. About five o'clock on the Thursday morning, the husband called me out of bed, and requested my immediate attendance upon his wife in a case of

difficult labour. From his imperfect statement of the facts even, I was led to suspect, that I should have some difficulties to encounter in delivering the woman ; but little did I then suppose, they would have proved so formidable, as I really found them.

Upon my entrance into the lying-in room, the poor woman, under a state of considerable exhaustion, bitterly bewailed the severe sufferings to which she had been obliged to submit for more than *sixteen* hours ; and at the same time pitifully implored my assistance in her behalf. I found the left hand quite external, swelled, and discoloured ; the arm in the vagina highly tumefied ; the shoulder and part of the chest firmly impacted at the brim, and in the upper part of the pelvis, which was somewhat deficient in the usual room at the promontory of the sacrum ; and the woman's parts swollen and tender. Besides, the uterus was so entirely embracing the child, that a finger could with difficulty be inserted between the two. The uterine tumor was extremely tender under the hand, comparatively small and firm ; there was still an occasional tendency to uterine action, but in a slight degree. In the early part of the labour, the pains had been unusually strong and active ; at this time, that activity was much diminished ; and the constitutional symptoms were beginning to be

alarming. Under these discouraging appearances, I could offer little hope of affording such assistance as would be the means of preserving the woman's life ; as for that of the child, it was already gone.

The high degree of tonic contraction, which the uterus had already acquired, convinced me of the impropriety of any further attempts to deliver by turning ; nay, even of the impossibility of the act, without the exertion of such violence as would endanger the structures engaged therein. Having determined that point, I had to devise some other mode, by which delivery might be accomplished ; and decollation, or perforation of the chest seemed to me the only means of effecting that object. But before I had recourse to either of these unusual modes of practice, I was desirous of procuring the sanction of some other experienced practitioner. I therefore appealed to a highly respected friend, who readily favoured me with his presence, accompanied by my son. When that gentleman had satisfied himself of the facts of the case, he agreed in opinion with me, upon the impropriety of attempting to deliver by turning ; we therefore determined upon perforating the chest ; exviscerating the thoracic and abdominal cavities ; and afterwards taking the chance of consequences. Accordingly about seven in the morning,

with a large-sized perforator directed on my left hand, I made a free opening into the chest of sufficient capacity to admit the ready introduction of the hand, and proceeded to break down and extract the contents of the thorax. Having withdrawn such of these as I was able to get away, I passed the perforator through the diaphragm, and proceeded in a similar manner to abstract the abdominal contents. This part of the operation was attended with considerable embarrassment and difficulty ; partly produced by the tenacity of the different viscera, and partly by the contraction of the original aperture. After being thus occupied for a length of time, I became fatigued, and requested my friend to relieve me. In his endeavours to withdraw the abdominal contents, he met with some part which gave unusual resistance. In his attempts to overcome it, he so far altered the position of the child, that the other arm came down into the vagina. Having now possession of both arms, by which the position of the diminished trunk could be somewhat regulated, I was enabled to surround the neck with my finger, over which I carried a common blunt hook, and by its side I passed my decapitator, which was easily brought through the neck. The headless trunk was now brought down by the arms, and the rest of the child followed. The



head was withdrawn by the assistance of a blunt hook inserted into the mouth ; after which the placenta was found to be naturally separated.

At the conclusion of this difficult and long protracted labour, the poor sufferer appeared so much exhausted, as to offer little hopes of recovery ; yet ultimately she did well. In the course of the day (Thursday) she got some refreshing sleep, so that towards evening, she had rallied considerably. The next day she was comfortable with the exception of occasional after-pains. But in the early part of Saturday, she was seized with a violent rigor, followed by pain and tension of the belly, quick pulse, and other symptoms of uterine mischief, which were promptly relieved by leeching and purging. By the end of the following week, this poor woman was satisfactorily convalescent.

In the above instance, under the sanction of my friend, (and as far as I now recollect for the first time,) I ventured to put to the test of practice, the mode of delivery recommended by Dr. Douglas of Dublin, and in justice to that gentleman, I must in candour declare, that I took the hint from reading his pamphlet. His description of the *natural expulsion* of the child under the shoulder-presentation, called by Dr. Denman *spontaneous evolution*, convinced me of the

possibility of delivery, by lessening the bulk of the trunk, in difficult cases of that kind ; whereby the body is allowed to double upon itself, and the breech to descend, especially in a well-proportioned pelvis. But in this instance, the want of room at the brim of the pelvis greatly increased the difficulty attendant upon the operation ; and induced me, as soon as a change in the position of the child enabled me to command the neck, to proceed to decapitation. To this mode of management, in some previous instances, I had occasionally resorted ; in preference to the exertion of a great degree of force to turn the child. At the onset of this case, it was not practicable for reasons already mentioned.

Since the preceding date Mrs. D. has been attended by myself, or my son, in four successive labours. In October, 1820, she had a living child at full time, after a natural, but somewhat lingering case. In October, 1822, she bore a living child after a natural labour. In June, 1824, I was called to her in slow labour, after the membranes had been ruptured more than forty-eight hours ; and on examination I detected a hand and foot down by the side of the head ; I passed these parts up above the head, and the child was presently expelled. In June, 1825, she had another shoulder-presentation, with the arm down

in the vagina. The labour was in this instance rather premature ; she supposed herself advanced to the eighth month. The membranes had given way some hours before my arrival ; I therefore proceeded to turn without loss of time, and brought into the world a living child.

### CASE CVI.

#### *Perforation of the Chest under a Shoulder Presentation.*

ABOUT four in the morning of Saturday, July 1st, 1820, a professional friend came to my house, to request that I would accompany him to a patient in Shadwell, who was in labour under a difficult cross-birth ; he told me, that the membranes had been ruptured more than twenty-four hours, and that he was unable to detect the presenting part, till a short time before he set off for me, when the arm came down with the shoulder above ; that he then attempted to turn, but did not succeed. On an examination, I found the right arm and hand low down in the vagina ; the shoulder, chest, and side of the belly, firmly wedged in the brim of the pelvis ; the uterus at the same time was strongly contracted on the

body of the child. Upon making an attempt to introduce my hand with a moderate degree of force, I could not make such impression upon the presenting part, as to permit the entrance of the hand into the uterus; I, therefore, desisted from any further attempt to turn the child, and after some consideration, I determined to perforate the chest. With a large perforator, therefore, I punctured the chest with ease, and making a sufficient opening, I broke down, as well as I could, the thoracic contents; introducing my hand, I brought away such portions as readily came within its grasp. Afterwards I perforated the diaphragm, and withdrew in a similar manner such of the abdominal contents as came within reach. I then introduced a blunt hook in the direction of the pelvis of the child, and getting a good purchase, after some strong extractile efforts, I found that the breech was descending into the pelvis, while the apex of the shoulder was emerging under the pubes. The breech soon passed through the pelvis and the external parts; the perinæum previously suffering great extension; the body and head speedily followed. During the operation, the breech made a considerable change in its position. Before the perforation of the chest, the head of the child was lying over the back part of the

pelvis, with the face directed to the mother's spine ; the breech was placed over the fore part of the pelvis with the back anteriorly. During the progress of my operation, however, the breech entered the pelvis at its posterior part with the trunk bent upon itself, and following the direction of the hollow of the sacrum, made its exit with the belly to the pubes. This woman suffered no future inconvenience, recovering as well as after the most favourable labour.

## CASE CVII.

### *A similar Case.*

ABOUT four A. M. Friday, November 22nd, 1822, a messenger came to my house to request my assistance in a case of difficult labour near Clapton ; the woman's second child, and a shoulder-presentation. A midwife was in attendance, who had been called the preceding evening. When the membranes broke, a hand came down ; a professional man was then sent for, who made an attempt to turn the child, in which he proved unsuccessful. Another gentleman was then called, who made a similar essay ; with as little success as his predecessor. Upon making an examination, the shoulder and part of the chest were



found to be wedged in the brim of the pelvis, and the uterus to be strongly embracing the child. I made an attempt to introduce my hand, but the contracted state of the uterus soon induced me to desist. The situation of the neck prevented me from having recourse to decapitation ; I therefore, in the presence of the two medical men, perforated the chest, and afterwards the abdomen ; removing from each of those cavities such of their contents as readily came in the way of my hand. Then getting hold of a good purchase, I was enabled to bring down the breech by the doubling of the trunk ; the great difficulty was therefore now overcome. The woman was a strong athletic woman used to laborious work, and recovered as well as after any common labour.

### CASE CVIII.

#### *A similar Case.*

ABOUT ten in the morning of Saturday, October 2nd, 1824, I was requested by a respectable midwife, to visit a woman in Goodman's Fields, under a shoulder-presentation, with a hand external ; whose labour had commenced at two o'clock in the morning. Upon visiting this woman, I found that a neigh-

bouring medical man had been called in some time before, who had been attempting to turn the child, but who had been completely baffled in his endeavours to effect that object. When I made my examination, the shoulder and chest were so wedged in the pelvis, and the uterus was so firmly contracted around the child, that I could scarcely introduce a finger between its body, and the uterine structure. I, therefore, at once determined to perforate the chest, and having procured the necessary instruments, in the presence of two professional men, I made a free entrance into that cavity, through which I withdrew its contents; I then perforated the diaphragm, and extracted in a similar manner such portions of the abdominal viscera as I could readily reach. I afterwards got a crotchet fixed upon some part of the child's pelvis; and meeting with a firm resistant purchase, I was presently enabled to extract the child; the apex of the shoulder clearing the pubes, while the breech took the circuit of the hollow of the sacrum; the doubled trunk roundly extending the perinæum before the breech finally passed. During the operation, I was greatly assisted by uterine action, which, after the extraction of the child threw off the placenta. The woman recovered well.

In this case, natural expulsion might possibly have taken place; but I saw no advantage to be gained by waiting that probable event. I was also deterred by the apprehension of the infliction of mischief upon the uterine structure from the violence of its own action.

### CASE CIX.

#### *A similar Case.*

ABOUT noon, on Sunday, March 15th, 1829, I was sent for to a case of difficulty near the London Docks. The woman had fallen into labour on the Saturday, and the membranes gave way about ten o'clock on the Saturday night. For some hours after the discharge of the waters, the medical attendant could feel no part of the child; but suspecting it might be a breech-presentation, he allowed the woman to pass through the night under strong expulsive pains. When I made an examination, I detected the right elbow down in the vagina with the shoulder above. I made an effort to introduce my hand to turn the child; but the uterus proved to be so strongly contracted upon its contents, that I thought prudent to withdraw it. I now determined to perforate the chest,

and calling in a neighbouring friend, I passed the instrument in the presence of both gentlemen, and then proceeded to exviscerate the cavities. After proceeding some time in the way already explained, I was enabled to bring down the breech and to effect delivery. Notwithstanding the difficulties of the case, and the length of time the poor woman had been suffering, she appeared as well the next day, as after any common labour.

## CASE CX.

### *Perforation of the Chest under a Side Presentation.*

AT 8, A. M. Tuesday, February 24th, 1824, one of the midwives wrote thus, "Mrs. C. has been in labour since Friday last; the breech presents, and the pains have been strong, but the woman's strength is giving way." A professional man had seen this patient the evening before, who stated the presentation to be the breech, and under that bias, the midwife wrote as above. Upon enquiry, however, I found that a large portion of the side was presenting, and was forced low down in the pelvis almost to the os externum; that the trunk was somewhat doubled, with the breech at the brim of the pelvis

towards the sacrum, and the shoulder over the pubes ; that the woman's powers were very much impaired ; to that degree, indeed, as to call for immediate delivery ; besides, the pelvis was somewhat confined, and the liquor amnii had been discharged since the Friday preceding. The degree of uterine contraction and the impaction of the side, deterred me from making any attempt to turn the child ; I, therefore, at once perforated the chest, an act, which its situation readily enabled me to accomplish. Having made a sufficient opening, and having extracted such contents as presented themselves, I fixed a blunt hook somewhere about the pelvis of the child, and after some trouble, I extracted the child by the breech. The woman was promising to do well on the Thursday following.

In this case also, the child might have been expelled by the breech, under the doubling of the trunk, if the capacity of the pelvis had been such as to have permitted that sequel ; then it would have been considered to have been a breech case. But the attempt to produce that natural termination, had brought on a considerable degree of exhaustion.



## CASE CXI.

*Perforation of the Chest and Decapitation under a  
Shoulder Presentation.*

AT noon, Wednesday, September 11th, 1822, one of the midwives sent a note with, " Please to come directly to Mrs. —, Catherine-Wheel Alley, Bishops-gate Street, who has had seven children and the hand presents." Upon attending to this call I found, that the membranes had given way on the Monday afternoon, but no part of the child was then to be felt; the pains were not described to have been strong, yet the left hand was protruded externally; the shoulder, with part of the chest was firmly impacted in the brim of the pelvis; and the uterus felt strongly contracted upon the child; besides, the midwife had not long detected the presentation. I made in the first instance a resolute attempt to introduce my hand to turn the child, but I did not succeed in that object. Decapitation then occurred to me as the next resource; but the situation of the head would not permit my finger to reach the neck. I, therefore, perforated the chest, and withdrew from its cavity, as well as from that of the

abdomen, such of their contents as came within reach. The doubling of the body enabled me to get down the right arm; the position of the child became then so much altered, that I could readily surround the neck with my finger. I, therefore, applied my decapitator, and brought it through the neck. The trunk was withdrawn without further trouble; the head and placenta were afterwards expelled by uterine action. Soon after delivery, the woman was seized with a rigor, yet she recovered from her confinement without further inconvenience.

## CASE CXII.

### *Perforation of the Chest under a Shoulder Presentation, with a deformed Pelvis.*

ABOUT the middle of the day of Wednesday, February 28th, 1821, I was sent for to the assistance of a poor woman in Whitechapel workhouse, under a shoulder-presentation and an ill-formed pelvis, whom I had delivered some years before by lessening the head. The arm was low down in the vagina, the shoulder was wedged in the brim of the pelvis; and the uterus was firmly contracted upon the body of the child. The poor woman had been in labour a

length of time under the care of the parish midwife, but she had not detected the presentation long before I was called. I made the attempt to pass my hand, but I found such a degree of uterine contraction, as convinced me, that I could not continue that intention without incurring a risk of mischief. I therefore perforated the chest, and afterwards extracted the child ; but I had considerable difficulties to encounter in the operation, occasioned chiefly by the diminished capacity of the pelvis. After due perseverance, I at length succeeded to my satisfaction, and brought the child into the world by the breech. The woman recovered without any bad symptom.

I was called to *another* case the day following near Stepney, in which repeated attempts to turn had been made by two professional men, but in which they had as often been foiled. As soon as I saw the case, I determined on the above mode of delivery. After making a free opening into the chest, and working more than an hour, I extracted the child by the breech, in the presence of three professional men ; the two above alluded to, and a pupil.

## CASE CXIII.

*A Shoulder Presentation under a deformed Pelvis, in the Management of which the Head was separated from the Trunk.*

ABOUT noon, on the 1st of May, 1796, I was sent for to a young woman, who had been in labour of her first child more than twenty-four hours, under the care of a midwife. On making an examination, I felt an arm down in the vagina, with the shoulder at the brim of the pelvis; on a closer enquiry, I detected a very deformed pelvis; I likewise found, that the uterus was firmly contracted on the body of the child. Not liking to interfere in a case in which such difficulties presented themselves, without the presence of another practitioner, I called to my assistance a medical friend. Upon his arrival, he commenced an attempt to turn the child; after great exertions and the lapse of more than half an hour, he so far succeeded as to bring down a leg. By the assistance of its purchase, he was enabled, after some further time, to bring down the trunk, and afterwards to release the arms. An attempt was now made to extract the head; but in the ap-

plication of the force requisite to effect that object, the head was separated from the trunk, and left within the uterus. It now became necessary to lessen the head by perforation, after which it was with difficulty extracted. This unpleasant operation, from its commencement to its conclusion, continued more than four hours; so that the woman appeared afterwards much exhausted, and gave little hope of recovery.

The next day, however, she had considerably rallied; and continued to improve for a few days. But it was now found that the vagina was in a state of sloughing. Under an improved regimen and the use of tonics, the slough in due time separated, and the woman ultimately recovered.

#### CASE CXIV.

##### *A Shoulder Presentation attended with unusual difficulty.*

ABOUT 4, P. M. on Monday, February 27th, 1826, I was summoned to the assistance of a respectable woman in the parish of Whitechapel, the mother of a family, under a state of difficult labour, attended by a professional man, who gave me the following



account:—"He was called to this patient about four in the afternoon of Sunday, in consequence of the rupture of the membranes, and the sudden discharge of the waters; he remained in her room for some time, but seeing no symptom of active labour, he left the house without making an examination. He was recalled about ten in the morning of Monday, and even at this time, the labour-pains appeared but slight. About twelve at noon he made his first examination, and found both hands down in the vagina. Upon this he made an effort to turn the child, and after some trouble, he succeeded so far as to pass his hand into the uterus, to lay hold of a foot, and to bring it to the brim of the pelvis, but his best endeavours did not enable him to dislodge the shoulder, so as to permit the breech to descend. He then attempted to pass his hand into the uterus a second time in search of the other foot, but the contracted state of the uterus prevented its entrance. In this dilemma he begged my assistance."

On an examination, I met with both hands down; the left hand was quite external and swollen; the right hand was higher up in the vagina; I could also just reach the foot at the brim of the pelvis. The child was laid across the pelvis with its breech upon the left ilium; with the head, bent backward,

upon the right ilium ; the back of the shoulders and part of the side of the chest were firmly impacted in the brim of the pelvis ; the uterus was strongly contracted upon all the parts of the child ; and a hand placed upon the abdomen detected the uterine tumour to be solid, small, and irregular. Under such a perplexing complication of difficulties, I hardly knew what step to take. Decapitation was impracticable ; for the situation of the head prevented my reaching the neck in such a manner as to surround it with my instrument. A noose was got over the foot at the brim of the pelvis, which seemed to offer a purchase for traction downwards ; but after exerting a considerable degree of force to push the shoulder out of the way without success, I was obliged to relinquish the idea of delivery by that mode. I had therefore no other alternative than that of perforating the chest, and of exviscerating the cavities, to which I had immediate recourse. After some time, I got a blunt hook fixed upon some part of the pelvis of the child, and procuring a sufficient purchase, I had presently the satisfaction of finding that I was gaining ground ; and proceeding onwards in my exertions, I succeeded in extracting the breech under the doubling of the trunk, after which the labour was soon finished.

The day following this lady seemed as well as could reasonably be expected ; with the exception of a sense of weariness, and of some tumefaction of the external parts, she made no complaint ; and for several days afterwards she was promising to do well. But on the Sunday following, March 5th, the tongue and inside of the mouth became beset with aphthous appearances ; the patient complained of great debility, and had a quick pulse. From this time she daily became evidently worse, and went on suffering under various distressing symptoms, but without the appearance of any particular uterine affection, till Sunday, March 12th, when she had a violent attack of rigor. From this time she gradually sunk, and expired on Wednesday, March 15th.

Can it be supposed, that the aphthous state of the tongue and mouth was in this instance symptomatic, or indicative of any affection of the uterus, or of its lining membrane ? I must confess such was my idea at the time. I think it probable, that membranes of similar structure and function, although not apparently connected by continuity, may be similarly affected under diseased action.

This case, as well as several others which I have detailed, strongly evinces the impolicy of continuing to be, for any length of time after the rupture of the

membranes, a passive spectator of the progress of a labour, as I have already remarked. It is an important part of professional duty then to explore and to determine the presenting part; by the conclusion thence derived, must the future practice be entirely guided. Inattention to this point, has caused the several patients an increased and a protracted degree of suffering, which a different line of conduct might probably have prevented.

## CASE CXV.

### *A Case of very great difficulty.*

ABOUT one o'clock in the morning of a certain night, a gentleman came to my house, during my absence from home in attendance upon a lady at some distance from London, to request my assistance to his wife, whom he represented to be in a state of great danger from some uncommon difficulty in labour, attended by two respectable medical gentlemen. After an interview with my son, and learning that I was not in the way, the gentleman declined leaving his name or address. Accidentally meeting one of the parties concerned in the case a few days after, I derived from him the following facts.

“ This lady began to shew symptoms of commencing labour in the afternoon of Tuesday, and in the evening sent for him to her assistance. After he had been some time in the house, he made an examination, and found a hand down in the vagina, with the shoulder at the brim of the pelvis. He attempted to introduce his hand for the purpose of turning the child, but was foiled in that attempt. A neighbouring friend was summoned to his assistance, who also endeavoured to turn the child, but he was equally unsuccessful. The husband was then dispatched to my house at the hour above-mentioned ; but in consequence of my absence from home, reference was made to another accoucheur. This gentleman also made an attempt to turn the child, which proved as futile as those of his predecessors. After consulting upon the state of the patient, it was at length agreed, to separate the protruded arm at the shoulder ; and this suggestion was with considerable difficulty carried into effect. Soon afterwards the other arm made its appearance in the vagina, and was also removed. The principal agent in the operation, even after this mutilation, was still unable to accomplish his intended object of turning ; he found it yet impossible to push up the protruded chest, and to pass his hand sufficiently high to reach the



feet. About six in the morning, a full dose of opiate was exhibited; and, after waiting its effects a few hours, a most unaccountable change was found to have taken place in the position of the child; for the head was then presenting at the brim of the pelvis. The head was lessened, and the child was extracted in the usual manner. After the delivery of the child, this lady seemed to require the exhibition of some stimulant. Upon her head being raised from the pillow for the purpose of giving her some brandy and water, she was seized with a convulsion fit, which suddenly carried her off."

### CASE CXVI.

*A difficult Preternatural Case, with laceration  
of the Uterus.*

IN the evening of Saturday, January 25th, 1812, I was requested to visit a poor woman near Coleman Street, who was stated to have been in labour under a shoulder-presentation since the morning of Friday, more than thirty-six hours; she was attended by a midwife, and various attempts had been made to turn the child by a respectable practitioner. I found the right arm down in the vagina; the brim of

the pelvis completely occupied by the shoulder and chest ; and the labour-pains trifling. The woman had a bad countenance and appeared under a state of considerable exhaustion ; in short, she seemed to me in such a state of danger, as to make immediate delivery desirable. I therefore proceeded to introduce my left hand, and laying hold of the *humerus*, I made it a fulcrum for pushing up the shoulder. Succeeding by its means in removing the shoulder from its situation, I passed my hand into the uterus, laid hold of a leg, and brought down the breech ; so that the child seemed to be *readily* and *easily* turned ; after this, the labour was speedily terminated, and the placenta was naturally separated. The next morning the poor woman seemed considerably recruited ; she had had some refreshing sleep, but she had a quick pulse ; after this, however, she began to droop, and died on Monday morning, without shewing any previous inflammatory symptoms. Upon inspection of the body, no marks of peritonæal inflammation appeared ; but on examining the uterus, its structure was found to be lacerated on its anterior part, just above the pubes. Whether this breach of structure was produced by the efforts at delivery before my visit, or during the delivery, I am unable to say ; I certainly was unconscious of much resist-

ance to the passage of my hand. The uterus appeared well contracted.

## CASE CXVII.

### *Decapitation under a Shoulder Presentation.*

AT 4, P. M. Wednesday, August 28th, 1822, a note was sent to me from one of the midwives of the charity, requesting my assistance to a poor woman in Wheeler Street, Spitalfields, and stating, "that she had been in labour of her first child twenty-four hours, that the waters had been discharged one hour, and that the hand was presenting." I found an arm low down in the pelvis, the shoulder completely blocking up its brim, and the uterus firmly contracted upon the child. I attempted to introduce my hand, and to push up the shoulder; but I met with such a degree of resistance from uterine contraction in that attempt, that I did not think it prudent to persist in my endeavours to turn. After the lapse of a short time, I decided upon decapitating the child; with some difficulty I got my finger over the neck, upon which I passed a blunt hook, and by its side, the decapitator; then withdrawing the blunt hook, I brought the instrument without

much difficulty through the neck of the child. The shoulders, trunk, and lower extremities, were now extracted with ease by the descended arm ; the head was afterwards brought away by means of a blunt hook inserted into the mouth, and the placenta immediately followed. The woman did well.

It appeared to me in this case, that if I had resolutely persisted in my endeavours to turn, I must either have lacerated the uterus, or have inflicted other irreparable mischief upon the soft parts of the mother. In cases of strong tonic contraction of the uterus, the child must almost necessarily be produced into the world *dead* ; the act of decapitation or of exvisceration, therefore, will lose much of its apparent violence ; yet either can never be justified, except upon the principle, that through its means, less injury may probably be inflicted upon the mother, than by the usual mode of turning.

## CASE CXVIII.

### *A Belly Presentation.*

AT six in the morning of Friday, April 16th, 1816, I had a note from a midwife, requesting me to visit a poor woman in Shoreditch parish, with the infor-

mation "that the membranes had broken at one, P. M. on Wednesday, but that no labour followed till the Thursday evening; that the navel-string presented with the breast of the child; that the pains were strong; and the woman weak." On examination, my finger assailed a soft round mass which was occupying the upper part of the cavity and brim of the pelvis; some of the ribs of the child were also to be detected. These appearances induced me to suspect a belly-presentation, which afterwards proved to be the case; but as the os uteri was not much dilated, and as there seemed to me no immediate necessity for present interference, I entrusted the case for some hours to the care of the midwife, and returned at noon. At this time, the woman appeared to be much in the same state, as at six in the morning; but seeing the improbability of the child being expelled, I determined on delivery by turning; and introducing my hand with some difficulty, I seized hold of a foot, and brought it down; then pushing the presenting part out of the way, I got down the breech, and effected the subsequent part of the delivery with ease.

In this case the child was singularly situated within the uterus. The presenting part proved to be the right *hypochondre*, viz. that portion of the



abdomen bounded by the navel, ribs, and hip of the right side. The shoulder was placed towards the mother's right ilium; the breech towards the left ilium; and the head was reverted upward. When I seized the foot, and brought it to the brim of the pelvis, the woman immediately exclaimed, "Oh, you have loosened it!!" The external *feel* of the abdominal tumour was very irregular; the head of the child was perceptible to the hand on the right side of the belly, and towards the left side there were one or two prominences, which might be an elbow or knee, or both.

### CASE CXIX.

#### *A Case of Natural Expulsion under a Shoulder Presentation.*

ABOUT eleven o'clock in the evening of Saturday, January 22nd, 1820, I was summoned by a note from one of the midwives of the charity, to the assistance of a poor woman near Whitechapel, which stated, "that about three in the afternoon, her patient had been seized with a flooding which presently ceased; that the membranes had just broken; that an arm had come down; and that the labour-pains

were very violent." I was from home at the time the note was delivered at my house, but it was presently forwarded to me, and I arrived at the address within an hour from its date. On entering the patient's room, I was told, "*it was all over*;" a dead child was shewn to me, which had been born some time, and the midwife had left the house. Surprized at this account, I was anxious to know the facts of the case; and I requested the midwife, who was one of the most intelligent and experienced women of the charity, to transmit to me a statement in writing of the mode, in which this case went on, and was terminated. I will, therefore, transcribe her history of this unlooked-for event.

"I was called to Mrs. S. at four in the afternoon, and found her flooding; I gave her the acid drops, which had the desired effect. At eight in the evening labour came on, but the os uteri was high and rigid. The membranes formed largely, and I could have no idea what the presentation was; I, therefore, deemed it most prudent to let them rupture of their own accord, and to my consternation, the right arm presented. I wrote for the doctor; the pains became so strong, that the hand was soon through the externals. I entreated the woman not to bear her pains down, and I endeavoured to keep the arm

back, but in vain. The shoulder passed the pubes to the externals; and the perinæum began to be protruded so very largely, that I was obliged to direct my attention to it. The side began to advance with the hip, the breech, and the legs, and lastly, the head. The child was still-born; the mother is doing well." J. H., January 30, 1820.

### CASE CXX.

#### *A similar Case in the Eighth Month of Pregnancy.*

ABOUT three, P. M. on Saturday, December 30th, 1820, a note was transmitted to me from one of the midwives of the charity, informing me "that she was attending Mrs. S. a deformed woman; that the presentation was the navel-string and hand; and that the membranes had been broken some time." I visited the poor woman presently, who, according to her own account, was in the eighth month of pregnancy; the membranes had broken on the Thursday evening; the left arm was low down in the vagina, and the shoulder, with part of the chest, was firmly impacted in the brim of the pelvis; uterine action had been strong, but at this time it

had become less violent; and the funis was external without pulsation. I attempted to push up the shoulder with the intention of turning; but the descended parts were so firmly impacted in the brim of the pelvis, which did not possess a space of more than two inches and a half from pubis to sacrum, that I could not introduce, within the uterus, the smallest portion of my hand. The woman had borne one child after a long lingering labour which passed naturally. Under these appearances, I thought that the best mode of management would be in perforating the chest; I therefore went home for the necessary instruments, and expecting to meet with considerable difficulty, on my return to the patient, I called upon a friend to beg his presence and assistance. When we arrived at the house after no long absence, to my astonishment, the child was expelled, which proved to be small and apparently under seven months. The midwife said, the child came *double*.

ON

## UTERINE HÆMORRHAGE.



A DISCHARGE of blood may take place from the uterus under various states and conditions of the female body; but my present attention will be solely directed to a practical enquiry into the nature and management of hæmorrhage under pregnancy and parturition; having already discussed the treatment of floodings connected with the detention of the placenta, and others subsequent to labour.\* But as some general principles applicable to this subject, may possibly be deduced from a knowledge of those facts, which occur under loss of blood from any source, and of the modes, by which it is naturally checked and ultimately suppressed; I must beg the reader's permission to offer a few remarks thereon.

Hæmorrhage is of two descriptions, *active* and

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\* Vide Practical Observations, Part 1st, page 79, &c. and page 186, &c.



*passive.* The first ensues upon the rupture of a blood-vessel from increased exertion of the heart and arteries. The second follows the division, the erosion, or the separation of a blood-vessel by violence. Occasional instances of active hæmorrhage are met with in discharges of blood from the lungs, from the intestinal canal, and from other organs ; in which the circulating fluid is forced out of its containing tubes by increased vascular power. Passive hæmorrhage prevails under all mechanical divisions of blood-vessels, and in most cases of uterine hæmorrhage ; in these, the blood rushes out of the open extremities of its vessels, until its further loss is restrained by natural, or by artificial means. Under either description of hæmorrhage, the immediate effects upon the system are very similar. They are always proportionate to the quantity of blood lost, and to the velocity with which that blood escapes. But in active hæmorrhage, it does not frequently happen, that a very large vessel is forcibly ruptured by vascular action, unless that vessel shall have been in a previous state of derangement ; its baneful effects, therefore, are not so immediate, so speedily obvious, or so urgent, as we occasionally witness under passive hæmorrhage.

The symptoms following an extensive and sudden

loss of blood are uniform, and are strongly expressive of the condition and feelings of the sufferer. The countenance assumes a pallid, nay almost a death-like aspect; the lips lose their rosy hue; the eye is deprived of its natural appearance, and of its wonted vivacity; the pulse becomes small, tremulous and rapid; the extremities feel cold to the hand; a sense of faintness comes over the patient, occasionally terminating in a state of absolute syncope; respiration is performed in a quickened and agitated manner; and after a time, a sense of stricture seizes the chest, accompanied with general restlessness, anxiety, and a reiterated wish for the admission of fresh air. Such symptoms too frequently terminate in the extinction of life.

But to obviate that fatal result, the natural powers of the system are unceasingly engaged in exciting into action, certain agencies with which the animal body is endowed, and which were previously lying in a dormant state. Let me therefore briefly advert to the extent and efficacy of these agencies, and examine the mode of their operation. Take for instance an artery divided by the knife. The parietes of its divided extremity are immediately approximated, and become somewhat firmer; the area of its diameter is proportionally diminished. These

effects are produced by that inherent contractile effort, which is naturally implanted in all the blood-vessels of the body in a greater or less degree; by means of which, their coats are kept in immediate contact with the column of blood moving through them. Now, if the area of a divided vessel be diminutive in size, the degree of contraction will presently be equal to the obliteration of the canal, and to the restraint of further hæmorrhage. But if the vessel has an enlarged diameter, although a similar effect in some measure ensues, it cannot proceed to that extent, as to close up the divided extremity completely; blood still continues to flow, although in a more confined stream. For the purpose, therefore, of preventing a farther, and perhaps a fatal effusion, the surgeon applies a ligature around the extremity of the divided vessel; and tightly compressing its coats, remedies, by his art, the apparent defect in the natural contractile power.

After the extremity of a divided vessel has been completely closed, whether by natural or by artificial means, a conical coagulum is there formed; which in process of time becomes vascular, and, as it were, a part of the vessel itself. The apex of this coagulum is directed externally, and its base looks towards the heart; thus effectually blocking up the

area of the canal, it becomes a complete bar to the farther escape of blood. This valuable provision of Nature, therefore, is prepared as an additional security against a future attack of hæmorrhage from that particular vessel.

But very beneficial results are occasionally found to ensue under sudden hæmorrhage from another agency, and one of a very different kind ; the abstraction of the *vis a tergo*, or the propelling power. Under a rapid loss of blood, the vascular tubes become so quickly bereft of their contents, that their parietes cannot contract upon the remaining portion, with sufficient energy, to propel it forward to the heart ; that organ, therefore, is deprived of its proper pabulum, or stimulus of action ; hence syncope ensues. Under this temporary suspension of the circulating powers, the violence of the bleeding is materially arrested. It has also been asserted by experienced physiologists, that under syncope, the blood shews a greater disposition to coagulate.

In uterine hæmorrhage, especially under an enlarged state of that organ, Nature brings into action other sources of restraint, besides the above-mentioned salutary means. Under pregnancy, the uterine vessels may rather be compared to tortuous sinuses pervading the uterine structure, and com-

municating with the placental cells, than to common arteries and veins, with defined contractile coats. They seem to form a part of the uterine tissue itself; they increase in size as the uterus is enlarged and evolved; but their parietes do not possess an equal degree of contractile effort, as is enjoyed by the generality of the blood-vessels of the human body. This defect, however, is amply compensated by that powerful contraction, which the gravid uterus is capable of exerting. Under the effect of its energy, the organ is diminished in bulk and capacity; its parietes become thickened; their general mass is brought into closer and more immediate contact; the diameters of its different blood-vessels are lessened, and their extremities, if open, are thereby closed.

Uterine contraction, then, is the principal efficient agent, by which such hæmorrhage is checked and ultimately suppressed. With comfort and confidence, therefore, do I advert to its active energies, for the production of those salutary changes, upon which, under such pressing, such dangerous emergencies, security alone depends. But although permanent safety can only be derived from the actual contraction of the uterine parietes, let me not be supposed to decry the advantages accruing from the



formation of coagula at the extremities of the bleeding vessels, and from the abstraction of the *vis a tergo*. A state of decided syncope, so extremely alarming from its temporary resemblance to the cessation of life, if not too long continued, becomes rather beneficial than injurious. For, during its presence, the circulation is so far interrupted, that the loss of blood for the moment is checked ; so that when the woman revives, she is not placed in a worse state than before its occurrence. But under that distressful sense of faintness, which a continued oozing of blood seldom fails sooner or later to induce, the circulation is carried on, but in a weak imperfect manner ; and the drain is unceasingly supplied. I am far from intending to advance however, that either a state of real syncope, or one of prolonged faintness, is not an indication of very great hazard. Each implies an exhausted condition of the vascular powers, in consequence of their having been already deprived of so large a portion of their circulating fluid.

In the first part of these Practical Observations, published some years ago, I have given a brief outline of the growth and development of the uterus after conception ; of the formation of the placenta ; of the mode in which that mass is attached to the

uterine surface ; and of its probable functions.\* It appears to me quite unnecessary to repeat what I have there stated, I must therefore refer the reader to the book. Suffice it for my present purpose to remark, that the bulk of the placenta is composed of blood-vessels connected by membranous tissue, through which the blood of the foetus is circulated for certain beneficial purposes ; and that it is also furnished with a kind of cells, immediately communicating with the uterine vessels, and placed in close contact with the internal surface of the uterus, into which the blood of the mother is transmitted from, and returned to her system.

It appears, therefore, that the structure of the placenta affords the means of carrying on two distinct circulations, each of which enjoys and appropriates to its own use its own specific apparatus, with proper channels and boundaries assigned. The mass itself is strictly foetal ; and is formed for the sole advantage of the child. It is not reasonable to suppose, that the mother's system derives any benefit from the transmission of her blood through the placental cells. Now, if the substance of the placenta be lacerated, the blood lost must be foetal. But if

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\* Vide Introductory Observations to Part 1st.

any part of the placenta be detached from the uterine surface, the discharge thence ensuing, is a portion of the blood, previously circulated through the mother's system; and the symptoms supervening thereupon, are in proportion to the quantity, and to the velocity of the effusion. Hence is deduced this important fact, a fact indeed of the greatest practical value, and which ought ever to be retained in the memory;—"that during the whole term of utero-gestation, as well as under the process of labour, a discharge of blood from the vagina can only arise from the detachment of a portion of the placenta from its adhesion to the uterine surface; and that the blood which escapes, is maternal." The cause of the hæmorrhage is simple and uniform, and its restraint must be effected by natural or artificial means. Every pregnant woman is liable to an attack of flooding from this source; she is also liable to a recurrence of the attack. Cases of this kind call for the utmost watchfulness and attention.

A natural cessation of the hæmorrhage is probably brought about, partly by a degree of uterine contraction silently exerted, and partly by the formation of a plug at the extremities of the bleeding vessels. I cannot suppose it possible, that the separated portion of the placenta can be again attached

to the uterus with such a degree of precision, as to be restored to the performance of its original functions. That portion may, perhaps, become adherent to the surface whence it was detached by an effusion of lymph, but its cells must, for the future, remain impermeable to the mother's blood; the foetus will therefore be deprived of some placental influence, and occasionally to that extent, as to terminate its existence.

Although we generally find that the symptoms induced under an attack of uterine hæmorrhage, are relatively proportionate to the quantity of blood lost, yet the celerity with which it escapes is a matter of very great importance; both as to its present effects, and to its future consequences. When blood flows rapidly, in a fluid state, and in a sort of continued stream, the system soon begins to feel the injurious influence of its loss, and to shew obvious marks of considerable affection. When it flows more sparingly, exuding as it were drop by drop, or when it is discharged in larger or smaller coagula, the constitutional impression is brought about more gradually, and of course is longer deferred. But under either state, the powers of the system sooner or later decline, under a continued drain.

But occasionally, indeed, we may observe the

sudden appearance of symptoms indicative of greater distress and danger, than the quantity of blood, which appears externally, would seem to account for. Under such circumstances, in all probability, blood is escaping into the uterine cavity, and hæmorrhage is going on internally. Of the actual quantity, which may be thus extravasated, we must remain entirely ignorant, since, for the present at least, it is concealed from the view. We see its effects in the symptoms induced, and judge accordingly.\*

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\* An occurrence which I once witnessed, has induced me to believe, that a part of that blood which is thus extravasated may form a firm coagulum within the uterus, and may remain stationary therein for a length of time, without producing by its presence, symptoms of irritation or of expulsive action, or even without undergoing the common process of putrefaction. A lady was attacked with uterine hæmorrhage in the beginning of May, 1811, between the third and fourth month of pregnancy, while viewing the exhibition at Somerset-House; she was removed home in a coach, was kept quiet for some time, and the complaint for the present disappeared. Near the middle of June, she had another return of discharge about a fortnight after quickening, which presently subsided under a reclined posture, and gentle management. In the beginning of August, under an attempt to relieve the bladder, a firm flattened substance of the size and thickness of the palm of the hand, not unlike a piece of half-tanned sole-leather, passed from the vagina without pain or effort; and under the act of evacuating the bowels afterwards, several similar pieces were observed to escape. Towards the end of August, this lady was delivered of a living child of little more than seven months' growth,



In counteracting the general effects of hæmorrhage, a great deal of influence must be ascribed to the nature of the constitution of each individual woman. A woman of a thin spare appearance and of active habits, usually bears the loss of blood better, and rallies from its effects sooner, than a woman who has been accustomed to every species of indulgence, and who, at the same time, is disposed to corpulency. Women of the former description will sometimes suffer under very extensive floodings with little apparent injury; nay, almost with impunity; while those of the latter class will be irrecoverably depressed by a comparatively trifling loss of blood. But the same woman is not able, *at all times*, to contend against the effects of hæmorrhage of equal apparent magnitude; for we constantly see, that the same woman is very differently affected at one time, than at another. It may be difficult to account in any satisfactory manner for such discrepancies; yet I think it not improbable, they may be connected

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after a common labour without any remarkable incident; but upon the second day after delivery, she passed a quantity of a coagulated mass, similar in appearance to those above-mentioned, which exhibited no signs of the putrefactive process; and which I could consider in no other light than as a flattened coagulum, deprived of its serous parts.

with a more sudden impression upon the brain and nervous system.

Some influence may also perhaps be attributed to the season of the year, to the state of the weather, or to other accidental occurrences ; yet I dare not assert, from my own experience, that such is the case ; for floodings, from this source, are met with at all seasons, and in all kinds of weather. But a woman is apt to be sooner affected by faintness, from a given loss, in hot weather, than in a cold season.

When estimating the probable consequences of uterine hæmorrhage, especially the degree of danger, we must advert to two principal points :—1st, To the quantity of blood lost, and to the rapidity with which it has flowed ; 2nd, To the impression already made upon the constitution shewn by the present symptoms.

It is always difficult to ascertain with any tolerable accuracy, and sometimes even to guess at, the probable quantity of blood which has escaped on these occasions. A woman may be suddenly seized under an erect posture, and the discharge may be effused upon the floor, and upon her dress ; or it may be received in a proper utensil ; the quantity is then visible, and must be rated accordingly. But it usually flows upon the bed-linen and napkins, and

is extended over their surface. This being the case, little reliance can generally be placed upon the mere representations of the nurse, or of other attendants, as to the quantity of blood already discharged. If we wish for any satisfactory information on that important point, recourse must be had to ocular demonstration ; to the actual inspection of the linen and napkins ; and if, upon such inspection, these necessities are seen to be thoroughly soaked with blood, we become immediately convinced, that the woman has undergone a considerable loss. We must bear in mind, however, that we may be deceived in the appearances thus presented to our notice. The membranes may possibly have given way, and the quantity of liquor amnii may have been added to the loss of blood ; this occurrence would necessarily increase the apparent quantity of discharge. But another source of deception on this point, seldom noticed, arises in the gradual exudation of a serous fluid from the extremities of those contracting vessels, whence the blood has escaped. This serous exudation, although colourless, is not entirely harmless ; for, forming a constituent part of the blood itself, its vessels become drained in proportion to the quantity discharged. It proves, however, far less injurious, than the loss of an equal

quantity of red blood ; yet it adds something to the general appearance.

When a continuance or repetition of uterine hæmorrhage has induced a sense of faintness, a pallid countenance, and a quick languid pulse, the situation of the woman is becoming hazardous, and the case ought to be watched with care and vigilance. But when to such symptoms are superadded coldness of the extremities, difficult and laboured respiration, involuntary sighings, a sense of stricture across the chest, and a general convulsive tremor, danger is becoming imminent. Yet even in very extreme cases, the appropriate means of relief are not to be entirely neglected. Singular instances of recovery, under apparently the lowest ebb of life, are occasionally seen, especially when the depression has been immediate and sudden ; and when the loss of blood has soon ceased.

Hæmorrhage, under the early stages of pregnancy, rarely takes place with such violence, as soon to endanger life ; but towards its close, the case is widely different. In the former instance, as the vessels have undergone but a slight degree of evolution, and their diameters are but little increased, their extremities, if opened, permit only a tardy exit of their contents, and that in a confined stream. But in the latter

case, the enlargement of the vessels, allows the blood to be poured out so freely, and in so rapid a manner, as sometimes almost instantaneously to induce symptoms indicative of the greatest hazard. Yet even under the mildest form of hæmorrhage, a long-continued drain will not fail to induce its usual symptoms, especially a pallid countenance.

Should a woman be assailed towards the close of pregnancy with an attack of hæmorrhage, and should that hæmorrhage spontaneously subside, without inducing any injurious, or prominent symptoms ; she ought, nevertheless, to regulate her conduct during the remainder of her term, by the strictest rules of prudence. Until she is safe in bed, she is liable to a return at any hour, and under any situation, even without the least previous warning ; and she is sometimes not aware of its return, until she perceives the discharge coming away. Under this uncertainty, but with a chance of a return, a total abstinence from bodily exertion should be strictly enjoined ; and, if situation in life will permit, a state of positive quiet upon a bed or a sofa. This cautious conduct becomes absolutely necessary to the security of a woman so circumstanced ; for if the discharge has been the result of a separation of even the smallest portion of the placenta, the quantity separated may



be easily increased; and when any uterine vessels have been once opened, they may be again readily forced by motion or exertion.

Little advantage is perhaps to be expected from the internal exhibition of medicines; yet custom has sanctioned their use. The more a man reflects upon the cause and nature of the affection, the more must he be convinced of the uselessness of most internal means; at least so far, as to induce him to place no great reliance on any specific virtues, they may be supposed to possess. Of the positive efficacy of those articles termed astringents, I have considerable doubts. The various preparations of lead appear to me inadmissible, from their injurious effects upon the bowels. Opiates are perhaps no otherwise useful, than in tending to lessen that nervous excitement, which is produced by apprehension. Moderate saline aperients are occasionally beneficial. I cannot speak decidedly of the beneficial effects of the *secale cornutum* from my own experience; but many of my professional friends entertain high opinions of its valuable properties in inducing uterine contraction. But I have long been averse to general blood-letting; upon this principle, that uterine hæmorrhage is of the passive kind.

Yet although the internal exhibition of medicines

may have but little effect in the suppression of uterine hæmorrhage, I am ready to admit, that other means prove highly beneficial. These means principally refer to the personal management of the patient, and to the regulations of her room. She ought to be confined to a reclining posture, under a state of the strictest bodily quiet; to abstain from all stimulating and hot fluids, as well as from solid animal food; and in their stead, to be allowed the free use of cold acidulated fluids and ices. The application of cold over the region of the uterus, to the loins, and to the external parts; the injection of cold fluids into the rectum; and the occasional use of the plug, are not without their temporary advantages. But the external use of cold, whether in the form of iced fluids, or of solid ice enveloped in a bladder, requires, in my opinion, considerable discretion, especially under a state of exhaustion. I have found, in most cases, its temporary application more beneficial, than a regular perseverance in its use for a length of time. I therefore generally recommend that it should be applied for a given time, that it should be withdrawn for an equal time, and that it should be repeated; to permit a return of natural warmth in the intervals. The windows of the room may be opened; the patient may be allowed to breathe a

cool air ; and the coverings of the bed may be made light. But in cases in which exhaustion seems approaching ; in which the vital powers are giving way, it may become imperatively necessary to have recourse to strong stimulants, to keep up the action of the circulating system.

Cases of hæmorrhage under pregnancy resolve themselves into two practical varieties, founded on the relative site and attachment of the placenta. Each is derived from a similar source, and proceeds in nearly a similar manner, but as each case severally calls for a different management, it will be necessary to give to each a distinct consideration.

To elucidate this point as clearly as I am able, and satisfactorily to establish a practical distinction between these two varieties, I must be allowed to observe, that the placenta is most commonly attached somewhere about the body or fundus of the uterus ; yet, that there is no part of the internal surface of that organ at which it may not, by possibility, be placed ; near the cervix uteri, or even immediately over the os uteri. Now, it has been already observed, that flooding under pregnancy can only occur from a separation of some portion of the afterbirth from its natural attachment. When such separation takes place under its common and most

usual point of adhesion, to the hæmorrhage thence ensuing, the epithet *accidental* has been applied. But to hæmorrhage following any detachment of the placenta, when that mass is situated partially or entirely over the mouth of the womb, since that opening cannot give way and extend itself without some separation thereof, the epithet *unavoidable* is justly appropriated. These terms were first used by Dr. Rigby, in his excellent essay on this subject; they cannot be improved; I therefore retain them.

On an attack of either description, the accoucheur remains entirely ignorant of its nature, until he is permitted to make a careful and a well-conducted examination *per vaginam*. This is the only mode, by which he can make himself acquainted with the true facts of the case. But unless the loss be very considerable, it will be seldom necessary to make this inquiry in the first instance; and even if it should be made in an early stage of the flooding, little information may possibly be derived from it. Besides, that natural delicacy, so inherent in every English woman, usually forbids it, until she is persuaded that it is absolutely necessary. But, as our future proceedings must be guided by an accurate knowledge of the case, let us not be induced by any feelings of false delicacy, to defer this necessary en-

quiry, until symptoms of actual danger appear, or are apprehended. Should the flooding continue, or should it frequently return ; it will be an imperative duty, on the part of the attendant, to be upon the alert, and decidedly to clear up the matter.

This vaginal enquiry, then, is to be conducted in a cautious and deliberate manner ; that we may not only avoid all chance of deception, but that we may obtain the object of which we are in quest with the greatest degree of precision. The life of the woman may possibly be implicated in the result. In some instances, the os uteri will be found so high, that it cannot be readily reached by the fore-finger ; it will therefore be necessary to pass two or more fingers within the vagina, that we may the more perfectly command it. If at the extremity of the finger or fingers, a flaccid membranous bag with the presenting part within it, be distinctly perceptible, the case is at once determined to be one of *accidental* hæmorrhage. But if, instead thereof, a stringy, flesh-like substance, adherent around the inner surface of the os uteri, be met with, the case is shewn to be one of *unavoidable* hæmorrhage. Many shades of difference will be found to exist between very obvious cases, and those of a less distinct, or of a mixed kind. It is not difficult to distinguish between the bag of



membranes and the placenta ; but sometimes it is not so easy a matter to discriminate between the placenta, and a firm coagulum plugging up the os uteri. Yet a mistake on this point may be productive of serious mischief, I shall therefore briefly notice the marks of distinction.

When the placenta is implanted over the mouth of the womb, the finger encounters a fibrous flesh-like mass, adherent around the inner edge of the orifice ; and during this enquiry, especially if the finger be pushed upward with but a slight degree of force, the hæmorrhage is temporarily increased. But when a coagulum is formed within or at the os uteri ; its surface is smooth and even to the touch ; it possesses a less degree of resistance than the placenta ; and it may be either penetrated by the finger, or made to recede.

After this enquiry, a professional man is usually called upon to give a decided opinion on the case ; and if his examination shall have been satisfactorily conducted, he will be fully enabled to state his hopes or fears, with the facts on which either are grounded. For my own part, I have always thought it incumbent upon me, to communicate my sentiments freely to the husband, or to the relatives of the sufferer ; at the same time, to withhold them from the pa-

tient herself. She is sufficiently aware, that she is placed under a state of greater or of less hazard, and is anxious to be relieved from her suspense by a favourable prognostic. But it might possibly be inconsistent with truth to assure her that she would certainly do well; at the same time, the language and conduct ought to be such, as to inspire her with hope, rather than to excite her fears and apprehensions. Despondency always exerts a most injurious influence over the functions of the female body, especially under pregnancy and labour; our expressions should be therefore so modified as to counteract that impression, and to soothe any unfavourable apprehensions which may have taken possession of the mind. I will now enter upon the separate discussion of each case; and will adduce such instances in each, as appear to me the best calculated to illustrate the doctrine advanced, and to confirm the practice recommended.

ON

## ACCIDENTAL HÆMORRHAGE.



THIS case is produced by a partial detachment of the placenta from its uterine connexion, when it is not situated over, or very near, the mouth of the womb.

The attack is generally sudden, unexpected, and is rarely attributable to any apparent cause; it is also seldom preceded by any symptom, which can forewarn the patient of its approach. It may occur at any time towards the close of pregnancy, and under any situation; under an erect posture, or under a sedentary or reclining one; while the woman is employed about the ordinary concerns of life, or while she is perfectly at ease; and it is not unusual for a discharge of blood to commence while the patient is in bed, or even during the hour of sleep. Her attention is first attracted by a sensation of something warm and wet trickling from her without any preceding pain, which she probably attributes to the escape of the waters of the child; but on a closer enquiry, she discovers her uncomfortable situation to arise from a discharge of blood. Startled at the appearance, she becomes alarmed, and the mental

agitation excited by that alarm, tends rather to increase than to diminish the quantity of the discharge. If the occurrence should take place during the time of sleep, she is thereby awaked, and to her surprise, finds herself lying in a puddle of blood. The placenta seems rather to slip off from its uterine attachment for want of a due degree of adhesion, than to be forcibly separated by uterine action.

We meet with great variety in the mode, in which different cases commence and proceed. In some instances, the quantity of blood lost at the onset is so considerable, and the discharge is so rapid, as speedily to induce the symptoms already described in an alarming degree; and after an extensive and sudden gush, as it were, continuing but for a short time, the appearance subsides, and by-and-by ceases. In other cases, and perhaps more frequently, the attack commences in a slow and gradual manner; the discharge goes on for an uncertain time, and abates by degrees. Yet even a slow and gradual loss, proceeding without interruption for a length of time will induce injurious effects. Now and then, we have a gush of blood in a less quantity, which presently ceases without producing any inconvenience, and does not return.

At the commencement, the blood is usually discharged in a fluid state, of a dark red or blackish colour; but when the drain has continued for a length of time, especially when it begins to abate, the blood assumes a solid form, and is evacuated under the appearance of coagula of varied size, particularly when the woman attends to the common calls of nature. But when such discharge is ceasing, before it entirely disappears, a tinged serous fluid, just sufficient to moisten the napkins, is found to ooze from the vagina. This serous exudation becomes daily less coloured, and gradually diminishing, entirely disappears in the course of a few days.

Under a mild attack of short duration, the constitutional effects are comparatively slight and transient, so that when all appearance of discharge has ceased, the woman considers herself well, and acts accordingly. But as she is liable to a return at any period between its cessation, and the completion of labour, she ought to be strongly impressed with the propriety of observing, during that interval, a due degree of circumspection and prudence; under which the process of pregnancy may possibly go on to its full completion. But if such a loss of blood has taken place, as shall have induced strong and permanent effects upon the system, the case usually



terminates in the expulsion of the uterine contents, and the child is too frequently still-born.

Accidental hæmorrhage may also be brought on by a fall, a blow, a slip, or any external injury ; and it is sometimes attributed to mental impressions ; to fright, sudden alarm, anger, and the exciting passions. In the former instances it is the effect of mechanical agency ; in the latter, of a hurried circulation. But the attack rarely follows the immediate application of a supposed cause ; a lapse of some time usually intervenes. In the absence of any apparent cause, it probably originates in some defect of the placenta itself, or in its adherent properties ; but of this state we have no external evidence.

When a discharge of blood makes its appearance towards the close of pregnancy, before any symptom of labour has shewn itself, the general means already recommended for the suppression of hæmorrhage may be resorted to for a time. The strict observance of a recumbent posture ; the admission of cold air into the room ; the liberal use of cold fluids, acids, and ices ; the external application of cold to the abdomen ; the occasional exhibition of aperient, anodyne, and restringent medicines, are not without their several and united advantages. By the effect

of these means, assisted by the inherent powers of the system, the hæmorrhage is frequently restrained, and presently ceases altogether. But if the flow of blood is not suspended within a moderate space of time, especially if it has already induced any of its peculiar symptoms, and the case is satisfactorily made out, recourse must be had to the discharge of the liquor amnii by the rupture of the bag of membranes, and that without further delay. The rupture of the membranes induces a degree of permanent contraction through the whole uterine parietes, whereby the dimensions of its numerous vessels are proportionally diminished, so that their open extremities are somewhat approximated; but it must terminate sooner or later in the expulsion of the uterine contents. It may be effected with the finger, or by some convenient instrument, a catheter or stilette for instance; but before the membranes can with propriety be ruptured, the presenting part of the child, ought to have been sufficiently ascertained; and if, in place of the head or breech, the shoulder should be found presenting, that position of the child alone would demand the introduction of the hand, for the purpose of delivering by the feet. In cases, in which the loss of blood has been sudden and considerable, which has speedily in-

duced a pallid countenance, faintness, and other unpleasant symptoms, the rupture of the membranes may become instantly necessary.

But objections have been started against this practice upon the futile plea, that if the discharge of the liquor amnii did not restrain or suspend the hæmorrhage, and if manual delivery became afterwards necessary, such delivery would be rendered more painful and difficult by the contraction of the uterus. I have found no practical truth in this argument. If the uterus contract well, and its action become effective, the child will be expelled; if it remain flaccid, and indisposed to contract, it will offer little resistance to the passage of the hand for manual delivery.

The quantity of liquor amnii is frequently considerable, and as it escapes, appears more copious than usual; when this is the case, there is a greater probability that the hæmorrhage will be effectually restrained by the increased degree of uterine contraction. Should this desirable event ensue, the woman must be strictly enjoined to observe a passive recumbent posture, patiently awaiting the access of uterine action; and, when the act of labour commences, it must be allowed to take its due course without further interference. But if the evacuation

of the liquor amnii should not produce a cessation or interruption of the hæmorrhage within a moderate space of time ; if the loss of blood should continue afterwards to that extent, as to threaten the life of the patient, there remains no alternative, but that of emptying the uterus by a forcible delivery ; by introducing the hand and turning the child. Yet previous to attempting this necessary part of duty, we ought to be well satisfied that the act is readily feasible ; that the parts have acquired such a degree of relaxation, as to permit the passage of the hand without danger or injury. In waiting however for that state, or for the appearance of such symptoms as may urge us to this ultimate step, let us beware of procrastination ; of delaying that indispensable operation too long. By carefully and attentively watching the progress of the symptoms, and the gradual evolution of the different parts concerned, we become enabled to seize the proper moment for its performance. Fortunately, we are seldom obliged to resort to this disagreeable expedient ; but if driven to that necessity, the operation should be so timed, as to preserve the woman's life.

In an attack of accidental hæmorrhage, the establishment of uterine action is always a satisfactory, and a favourable occurrence. Under the returns of

the labour-pains, the violence of the discharge is somewhat restrained ; during the intervals of these pains, the quantity of blood escaping, is usually increased. The restraint of the hæmorrhage is produced partly by the diminution of the uterine volume, and partly by the pressure of the bleeding vessels against the uterine contents ; and it uniformly happens, that after the escape of the liquor amnii, a stronger degree of compression is made upon the body of the child. If the membranes remain entire, therefore, either before or after the establishment of labour, the first step towards relief must be, to discharge their contents, and to wait the result of that proceeding. It generally checks the hæmorrhage ; but allowing that it should fail to produce that effect entirely, and that the flow of blood should continue in a more moderate degree, with active and frequent labour-pains, the termination of the case may commonly be entrusted to the natural powers under a due share of attention to the symptoms. But if under the act of labour, the flow of blood should become excessive after the rupture of the membranes ; and by its continuance, should produce any symptom unfavorable to the welfare of the patient, such means of art should be resorted to for the extraction of the child, and with-



out much delay, as appear the most appropriate to the exigencies of each case ; always giving a preference to those which are consistent with the life of the child ; if their application be at all admissible.

But artificial delivery, especially when it is to be effected by the introduction of the hand and by turning the child, can never be successfully attempted under a state of positive syncope, or of very great exhaustion. Under either of these states, the powers of the constitution seem unable to bear up against the shock occasioned by the additional pain and violence inflicted thereby. It is, therefore, highly desirable that a truce from the discharge should be previously obtained, if possible, by some means or other, and under such circumstances, the *plug* may sometimes be advantageously applied. The equilibrium of the circulation is in some degree restored by a little delay, and the functions of the arterial system are resumed. When such advantages are gained, delivery may be effected with less danger. Let it be remembered, however, that the object of a forced delivery is not the mere extraction of the child ; the evacuation of the uterine contents ; but that such extraction and evacuation may become the means of inducing uterine contraction, and through it, the cessation of the hæmorrhage by the

constriction of the bleeding vessels. The extraction of the child should therefore be made in a slow and gradual manner, and due attention should at the same time be paid to the degree of contractile effort in the uterine parietes. If it be made too quickly, the uterus is so suddenly emptied, that the diminution of its size cannot keep pace with the rapidity with which the child is withdrawn; its parietes are therefore left under a state of irregular contraction or of flaccidity. Indeed, there are few situations, in which a parturient woman can be placed, more replete with danger, than that, in which the uterine parietes, either in the act of turning, or after the birth of the child, are felt lax, unresisting, and wrapping around the hand like a piece of wet wash-leather. Instrumental delivery ought to be conducted in the same deliberate and cautious manner, with a similar reference to the above principle.

The management of the placenta must be entirely regulated by existing circumstances. If after the extraction of the child, the uterus should fortunately be found well contracted, and the placenta be thrown down into the vagina, it may be there left for some time, and be withdrawn in the usual manner. But if the uterus be felt under the hand large, flaccid, uncontracted; if the placenta be quite out of the

reach of the finger, and a draining of blood continue, the state of the woman must determine, whether it may be necessary to remove the placenta at once, or whether it may appear more desirable to leave it for a time ; especially if her powers have been already much exhausted by the preceding occurrences. Should the woman complain of intolerable faintness and appear excessively low, the existing drain must tend still further to reduce her system, and to place her in a state of greater hazard. To avoid therefore any increase of danger from such a source, it may be necessary to remove the placenta by the introduction of the hand without delay ; and if it should be found adherent, cautiously to proceed in its separation ; taking care not to withdraw the mass, until some degree of uterine contraction is perceptible under the stimulus of the hand. Yet under the above state of the uterus, if the woman should appear to be tolerably well, and if there be no continuance of discharge, it may be advisable to await, for a moderate space of time, the natural exclusion of the placenta by uterine contraction. Upon the whole, however, I have long thought it preferable practice, in cases of artificial interference, to withdraw the placenta rather early after the birth of the child, than to defer that duty for a length of time.

If the uterus should remain in a flaccid relaxed state after the extraction of the placenta, and the discharge should continue to that extent as to endanger the woman's life, or should return, we must endeavour to excite uterine action by other, and especially by manual means ; by encircling the uterine tumour within the hand, at the same time exerting upon it a degree of grasping pressure. Should this mode of proceeding not prove successful and available to the restraint of the discharge, it may afterwards become necessary to introduce the hand within the uterus itself, and to keep it there until a sense of contraction is perceptible in the uterine parietes. The occasional application of ice inclosed within a bladder to the belly ; of refrigerating fluids ; and the exhibition of restringent and anodyne medicines, may also aid the general intention.

Under cases of sudden and great exhaustion, in which we have a draining continuing after the evacuation of the liquor amnii, and in which delivery appears, for the present at least, to be incompatible with the safety of the woman, in addition to the means already mentioned, recourse may be had to the exhibition of the *ergot of rye*, the *secale cornutum*, in the common form of infusion. In one instance, not long ago, in which I recommended

that medicine, its effects in increasing the power of uterine action appeared evident and satisfactory, as far as a given effect can be supposed to be dependent upon a medical cause.\*

From the preceding narrative it will appear, that the rules of practice, applicable to the treatment of accidental hæmorrhage, are few and simple, and that their chief object is to promote uterine contraction, as the ultimate means of checking its progress. A neglected case must necessarily be attended with a great degree of danger ; yet by prudent management in an early stage, the risk of danger may be materially averted. A case of this kind, therefore, does not very frequently prove fatal, unless it has been neglected, has not been recognized, or has been improperly treated.

It may therefore be generally stated, that if accidental hæmorrhage come on before any symptom of labour makes its appearance, and not spontaneously subside, nor be restrained by the usual means, recourse must be had in the first instance to the rupture of the membranes ; and in case that act fails to check the discharge, or that it afterwards continues to such a degree, as eventually to threaten the safety of

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\* Vide Case CXXIX.



the woman, delivery must be effected by turning the child, as soon as the parts are in a state to admit the ready introduction of the hand ; for it rarely happens that a sufficient degree of relaxation for that object is not induced, before symptoms of imminent danger assail the woman. If sudden hæmorrhage should come on after the establishment of labour, and proceed to that extent as to produce alarming symptoms, the labour must be terminated by such instrumental assistance, as appears applicable to each case.

### CASE CXXI.

#### *A common Case of Accidental Hæmorrhage.*

BETWEEN six and seven in the morning of August 19th, 1813, I was called to a private patient in Fenchurch Street, the mother of a large family, who had been suddenly seized with a profuse flooding about half after six, while in bed. I found her under a state of excessive faintness with other alarming symptoms, and learnt also that blood was still oozing from the vagina. She was in her eighth month of pregnancy, and had complained of slight pains during the night, but, as she stated, unlike

the pains of labour. The os uteri was a little dilated, and I could readily feel the head of the child through the membranes. With some difficulty, I passed my finger through the flaccid bag, which gave little resistance, and had afterwards napkins dipped in cold water, applied to the pubes. The loss of blood soon ceased ; but its effects, especially faintness, were experienced for some hours. After some time, regular labour-pains were established, and in proportion to their vigour, the woman gained confidence. The labour proceeded regularly to the expulsion of a still-born child, and placenta, between twelve and one at noon, without any further loss of blood, or future inconvenience.

## CASE CXXII.

### *Hæmorrhage under a Foot Presentation.*

ON the 16th July, 1816, one of the midwives of the charity, requested my immediate attendance upon a poor woman in Finsbury, who was represented “to be taken with a violent flooding and a discharge of *clodders* ; accompanied by sickness, but no pains ; to be in the seventh month of pregnancy ; to have the os uteri a little dilated, with a foot presenting.”

I found this woman very much depressed by the quantity and suddenness of the loss she had already sustained ; there was also a constant draining still continuing. On examination, I could feel a portion of the placenta within, and near to, the os uteri, detached from the uterine surface ; at the same time, a foot was coming down into the vagina. Introducing my hand within the vagina, I seized the foot, and by gradual extraction, brought down the breech ; uterine action then came on, and presently expelled the rest of the child with the placenta also. The woman had no more flooding ; and although I left her in a very exhausted state, she gradually rallied, and ultimately did well.

### CASE CXXIII.

#### *Accidental Hæmorrhage.*

ABOUT three, P. M. Saturday, August 17th, 1816, I had a note from a professional man, requesting my immediate attendance upon a lady at Stepney, who was stated to be in labour of a first child at full time, and suffering under an attack of hæmorrhage. On my arrival at the address, I learnt that this lady had been very unexpectedly seized with a flooding,

while transacting business in a neighbouring shop ; that she immediately fainted, and was carried home in that state ; that her medical friend was sent for, who being alarmed at the situation in which he found his patient, requested my assistance. She appeared to me under the impression of a considerable and sudden loss of blood ; with a pallid countenance ; cold extremities ; and a quick weak pulse. On a vaginal examination, the os uteri was but little opened, yet was soft and dilatable, admitting the ready introduction of the finger, which immediately detected the head of the child through the amnial bag. Without withdrawing my finger, I discharged the liquor amnii ; after which, the loss which had been previously going on from the first attack, entirely ceased. After the exhibition of some stimulants, she materially recovered from her depressed state, and slight pains began to shew themselves. By and by, the process of labour became decidedly established, and proceeded regularly to the natural expulsion of the child and placenta, about nine the same evening, without any return of hæmorrhage. The woman afterwards recovered without the recurrence of any bad symptom.

## CASE CXXIV.

*Hæmorrhage under an Arm Presentation.*

ABOUT noon, June 6th, 1817, I was called in consultation upon the case of a woman in Bethnal-green Road, seven months advanced in pregnancy of her fourth child, who had been, the evening before, attacked with flooding; which had continued more or less through the night, and had now produced symptoms of distress. The membranes had given way at the commencement, yet the discharge had continued; in the morning the medical attendant had detected an arm down in the vagina, and this fact had induced him to ask my assistance. I found the os uteri somewhat dilated, with the arm protruding through it, and the shoulder above; a small portion of the placenta, separated, could also be felt. The woman's countenance was pallid; her pulse was quick and weak; but at this time the hæmorrhage had subsided. Under such circumstances, delivery without further loss of time appeared to me to be indispensable; I therefore with some difficulty passed my hand into the uterus and brought down the breech; after which uterine action expelled the



rest of the child with the placenta. I visited this woman the same evening, when she appeared much recruited, and promising to do well.

## CASE CXXV.

### *Accidental Hæmorrhage.*

ABOUT five, A. M. July 9th, 1818, I was called by a professional friend to a woman in Cannon Street Road, under flooding, in the last month of pregnancy. She had been attacked about half after two in the morning, when her medical attendant was summoned, who immediately ruptured the amnial bag. As this measure did not check the hæmorrhage, he begged my assistance. I found the woman very languid and faint, with a quick feeble pulse; the head was presenting; the os uteri was soft and disposed to give way; and labour-pains were coming on. For some time, the quantity of blood lost seemed trifling; yet on raising, every now and then, the head of the child upon the tip of the finger, a quantity of fluid blood gushed away in a full stream, which made me apprehensive that the woman was flooding internally. Matters were suffered to proceed in this way about an hour longer, when we

determined that she ought to be delivered without further delay. The faintness was continuing; the pulse was becoming weaker; the powers were evidently giving way; and the pains were inert. Having arrived at that conclusion, the mode of delivery was the next consideration. The application of the forceps seemed to both inadmissible from the height of the head; and the shock to the constitution, upon the introduction of the hand and turning the child, militated strongly in our minds against that mode of practice. It was therefore determined to lessen the head, after which the extraction of the child was effected without much difficulty about half-after seven in the morning. A very large coagulum now made its escape, and the woman was in a fainting state, from which she was somewhat roused by stimulants. But presently the flooding returned rather actively, this induced me to introduce my hand to withdraw the placenta, which was separated and loose within the uterine cavity; at the same time, I inclosed the uterus within my right hand, and made upon it a strong grasping pressure. By this proceeding, the uterus was made to contract tolerably well. This woman continued in a very uncertain state for some hours; but at four

o'clock in the afternoon, she had rallied wonderfully, and ultimately did well.

## CASE CXXVI.

### *Accidental Hæmorrhage.*

ABOUT eleven, A. M. Friday, January 7th, 1825, a midwife wrote to me to visit a patient of the charity, in Thrawl Street, Spitalfields, under flooding before delivery. This woman had been several times attacked in a similar manner during the preceding month, but each attack had presently spontaneously subsided. On the morning above-mentioned, the pains of labour had come on, and the discharge had returned with an increase of violence; so that when I saw her near noon, she appeared in a most exhausted state indeed, but the flooding had nearly ceased. On an examination, I met with the bag of membranes entire, and could feel the head at the brim of the pelvis. Under such a degree of exhaustion, I deemed it imprudent to take any steps for immediate delivery; I therefore merely passed my finger through the bag, and discharged the liquor amnii in considerable quantity. After waiting some time in the house, seeing that the hæmor-

rhage had ceased, and that the woman was improving with a tendency to uterine action, I left her in charge of the midwife ; who afterwards reported to me, that in about two hours after my departure, the woman was delivered by natural efforts, and was promising to do well. In this case the poor woman seemed to be reduced to the lowest ebb of life, from which she gradually rallied after the rupture of the membranes, and the establishment of active pains.

### CASE CXXVII.

#### *Accidental Hæmorrhage.*

AT nine, A. M. Wednesday, January 25th, 1826, I was requested to visit a lady at Limehouse, who had reached the end of the seventh month of pregnancy, and who had been suddenly seized the preceding evening, upon her return from a visit at a short distance, with an attack of uterine hæmorrhage ; which had continued in a greater or less degree throughout the night, and which had made a visible impression upon her system. On a vaginal examination, I found the os uteri somewhat opened, and the bag of membranes protruding. About ten, A. M. I passed

my finger through the bag, and instantly a very large quantity of liquor amnii escaped, about a pint and half of which was caught in a basin. At a subsequent examination, I could not detect the presentation of the child; a softish substance intervened between my finger and the presenting part, which proved to be a large coagulum. After some time, the pains became more active, and presently a coagulum, as large as a full-sized orange, was expelled. The breech was now detected to be descending, and the child, still-born, was in due time expelled. The woman was as well the next day as after the most common labour.

### CASE CXXVIII.

#### *Accidental Hæmorrhage.*

ABOUT half after ten on Sunday morning, January 16th, 1831, a gentleman called at my house to request that I would accompany him to see a patient in the neighbourhood of Shoreditch, who had been seized about the middle of the preceding night with a violent flooding; which, after continuing some time, had gradually ceased; but which had returned a short time before his call with increased violence,



and had much reduced her strength. Upon visiting this woman, it was sufficiently obvious from the appearance of her countenance, that the loss of blood had been considerable, and also that it had made a strong impression upon her system; she had felt some labour-pains, and had still a constant oozing of blood trickling slowly away. Upon making an examination, I detected the head of the child lying above the pelvis within the bag of membranes; the os uteri was a little opened, and seemed disposed to give way. Without any hesitation I discharged the liquor amnii; but for this purpose, I was obliged to have recourse to a pointed piece of wood. After waiting with the woman for some time, and finding that the discharge of blood had entirely ceased, and that there was a disposition to uterine action, I left her to the care of her prior attendant, who reported to me, that the child was expelled by the natural efforts, and without any return of flooding, about two hours after my departure. The next day I saw her doing well.

## CASE CXXIX.

*Labour under Uterine Hæmorrhage apparently hastened by the Effects of Secale Cornutum.*

ABOUT noon, Wednesday, March 10th, 1830, I was requested by a medical gentleman to give my opinion upon a case of flooding in the district of Finsbury. The poor woman had been seized with hæmorrhage on the Sunday evening preceding, when she lost a large quantity of blood suddenly, but the discharge did not long continue. The hæmorrhage returned on the Tuesday evening ; upon examination at that time by the medical attendant, the head of the child was felt at the brim of the pelvis through the bag of membranes, which he ruptured. Notwithstanding the discharge of the liquor amnii, a constant coloured draining was kept up through the night, with every now and then a trifling degree of pain ; and this drain had, at the time of my visit, produced a state of considerable exhaustion ; the woman had a pallid countenance ; a weak quick pulse ; and complained of a great sense of faintness. Upon a vaginal examination I found the os uteri a little opened, and relaxed ; and I could detect by the finger a part of

the placenta placed near the os uteri ; but no part of that mass appeared to me to have been situated immediately over it ; the head of the child seemed disposed to press a little upon the os uteri during the influence of uterine action, which was slight and distant. Unwilling to deliver the woman by turning the child under so exhausted a state, and seeing a disposition to uterine action, I recommended a trial of the secale cornutum. The infusion of half a drachm was given between one and two o'clock, and was repeated in about a quarter of an hour. The medical attendant then left the house with a promise of returning shortly ; but very soon after his departure, active pains began to shew themselves, he was recalled, and the child was expelled by uterine action before three ; the placenta soon followed, and all discharge ceased. The woman did well.

#### CASE CXXX.

##### *Accidental Hæmorrhage. Fatal.*

ABOUT noon on Sunday, July 16th, 1815, a midwife wrote to me to inform me “ that a patient of the charity in Brick Lane had been suddenly seized with a violent flooding, followed by faintings at her

ninth month, without labour-pains." I found the head presenting; the liquor amnii not discharged; the os uteri soft and opened to the breadth of a shilling; but no active pain. The loss had been sudden and considerable, and the woman's system seemed to be very much affected by it; but at this moment, and during my stay in the house, there was no further discharge of blood. After rupturing the membranes, I left the poor woman in charge of the midwife, and visited her again in about two hours. During my absence this patient had not rallied; there had been no return of active flooding, yet a slight drain had continued; the labour-pains had been very trifling, and had made little impression upon the descent of the head; upon the whole I thought the woman in a more unfavorable state upon my return than at my previous departure. I therefore determined upon immediate delivery; passing my hand, I pushed up the head, and seizing a foot I got down the breech; the rest of the child was slowly withdrawn. A sudden gush of blood immediately ensued, which induced me speedily to remove the placenta. The woman presently became restless, and gradually sinking, soon expired.

This appeared to me to be one of those unfortunate cases, in which the separation of the placenta

was so extensive, as to allow a large and rapid loss of blood upon the instant, and to set at defiance every means of art. It seemed to me probable, at my first visit, that this woman would sink under the violence of instant delivery ; I was therefore anxious to bring on uterine contraction by the discharge of the waters ; or at least to obtain some improvement in the patient's state by the use of stimulants, and other means, before I attempted delivery ; but in this expectation I was disappointed. A more extensive experience has not altered my sentiments on this practical point. Perhaps in this case, internal hæmorrhage was going on.

### CASE CXXXI.

#### *Accidental Hæmorrhage. Fatal.*

ON Thursday night, March 28th, 1816, a patient of the charity in Goodman's Fields was seized with a sudden flooding in the last month of pregnancy, which presently abated ; yet a trifling discharge was kept up during the following day, which at length induced faintness. About nine o'clock on Friday night, a note was sent to me by the midwife stating, " that the woman had been seized with



flooding; that she was very much reduced; that the os uteri was dilating but very high; and that she thought it a placenta case." I found this woman suffering under all the symptoms attending a considerable loss of blood; her countenance especially was pallid and dejected. There was no flooding going on at the time of my visit, nor did it appear from the account I received, that much blood had been lost in the interval since the first attack (which had certainly been sudden and violent), although there had been a constant, and a slight oozing of a coloured watery fluid. Yet the symptoms were indicative of the greatest danger; and induced me to proceed to immediate delivery. I introduced my hand into the uterus with the greatest ease, and readily turned the child. But now no active contraction took place; so that I was obliged to withdraw the child very gradually, under external compression. The removal of the placenta required the introduction of the hand. The woman had no more flooding, but she did not long survive delivery.

## CASE CXXXII.

*Accidental Hæmorrhage with a Hand down in the Vagina.*

ABOUT half after eight in the morning of July 6th, 1816, a midwife wrote to request that I would visit a patient of the charity in Moor-Lane, who was stated, "to have been seized with a flooding under a hand presentation." I attended the call directly, and found a woman between thirty and forty years of age, pregnant of her eleventh child, suffering under the usual symptoms of a sudden and violent loss of blood. The left arm was down in the vagina; the shoulder was pushed into the brim of the pelvis; and the pains were active. With some difficulty, I introduced my hand, got hold of the feet, and brought down the breech; but in turning the child, to my surprise and alarm, the placenta escaped externally before the breech was brought down. This circumstance induced me to hasten the extraction of the trunk, shoulders, and head; and fortunately my efforts were materially assisted by uterine contraction, which continued strong and effective. During this operation, there was no material increase of

hæmorrhage. After the delivery of the child, the uterus felt firmly contracted, but the woman was under a state of great exhaustion; from which she was endeavoured to be roused by the free use of stimulants. But every means devised for her relief proved of no avail. In a few hours she became excessively restless, with difficult respiration, and did not survive the middle of the day.

In this instance, the placenta was largely separated from the uterus at the commencement of the flooding; so much so as very much to incommode the action of my hand in search of the feet; it seems to have been afterwards entirely detached by the act of turning. One essential point in the case deserving attention is, that after the escape of the placenta, there was no increase of hæmorrhage.

### CASE CXXXIII.

#### *Accidental Hæmorrhage. Fatal.*

ABOUT half after two, P. M. July 6th, 1818, I was summoned to the assistance of a lady in Finsbury Square, who had been suddenly seized about *noon*, in her ninth month of pregnancy, with flooding, which had continued with little intermission till I

saw her. This lady's countenance was pallid and sunk; she was extremely faint; her hands were cold; and the pulse at the wrist was scarcely perceptible. A vaginal examination enabled me to detect the head to be presenting; the os uteri to be dilated to the size of a shilling; but rigid and uneven to the feel; and the bag of membranes to be entire. The quantity of serous discharge which had escaped upon the napkins, had induced the attending accoucheur to suppose that he had previously ruptured the bag, but this idea was evidently erroneous. Without withdrawing my finger, I passed it through the membranes, and discharged a quantity of liquor amnii. From this time there was very little coloured discharge. About three, P. M. uterine action began to come on briskly, and with every pain the head advanced a little; but in the intervals, there was a serous coloured discharge, although the quantity of blood was trifling. At this time the prospect was becoming more favourable; yet the countenance was pale and dejected; the pulse was weak and quick, and the faintness continued. By four, P. M. the head had descended so low in the pelvis as to have made its turn under the pubes, but the pains seemed to be deficient; I therefore recommended the extraction of the head, which was

readily effected ; the rest of the child followed, and the loose placenta was afterwards withdrawn. But soon after delivery, our patient became excessively restless, tossing about from side to side ; and gradually sinking, she expired in about half an hour.

The sense of faintness could not be relieved, by even the most free use of stimulants.

#### CASE CXXXIV.

##### *Accidental Hæmorrhage. Fatal.*

ABOUT eight, P. M. Sunday, February 7th, 1819, my assistance was requested by a professional friend to a respectable woman near Holborn, seven months advanced in pregnancy of her twelfth child ; who had been seized in the early part of the day with vomiting, and afterwards with a sudden and extensive flooding ; the violence of which presently subsided ; yet a draining had continued more or less throughout the day. Our patient had a pallid dejected countenance ; she was extremely restless ; her respiration was irregular and unnatural ; and the pulse at the wrist was scarcely perceptible. In short, she appeared to me to be in the most imminent danger. I was told by my friend, that the



membranes had given way ; but I afterwards found that such was not the case ; the serous coloured discharge, so frequently subsequent to sudden hæmorrhage, had been mistaken for the liquor amnii mixed with a small portion of blood. On an examination, I found the os uteri to be somewhat dilated ; the head of the child to be presenting ; and the bag of membranes unbroken. I learnt also that the woman experienced now and then some slight pains. I instantly passed my finger through the amnial bag, upon which a large quantity of fluid passed off. Active stimulants were now freely exhibited ; but they produced little effect in ameliorating the condition of our patient. Perceiving after a lapse of nearly two hours, that no improvement was taking place, and that in all probability the woman would sink, we determined that she should be delivered by art ; and we were influenced in this determination, rather with the intention of preventing the stigma of allowing the woman to die undelivered, than in the expectation of thereby saving her life. I therefore introduced my hand, and readily brought down the breech ; but the uterus remained inert, and gave little subsequent assistance. After the extraction of the child and the removal of the placenta, finding the uterus continue flaccid, I again introduced the

hand within its cavity ; its parietes were then soft and flabby, wrapping around my hand like a piece of wet paper. The symptoms presently became more alarming ; so that the melancholy scene was terminated within the hour.

### CASE CXXXV.

#### *Accidental Hæmorrhage. Fatal.*

AT half after eleven, P. M. Thursday, August 24th, 1826, I was called to the wife of a publican in Lower East Smithfield, who was represented to be in a state of great danger. I found a woman very much depressed from an attack of flooding between the seventh and eighth month of pregnancy. She had walked to Limehouse and back in the course of the morning, and had been seized in the latter part of the day with a violent hæmorrhage, which had continued to the time of my visit. Her regular attendant had been some time in the house ; but fearing to take the responsibility of so dangerous a case upon himself, he had requested to have my assistance. The general symptoms were indicative of a great loss of blood ; the woman had a pallid countenance with frequent sighings ; yet her pulse, though

quicken, was firm ; there was also an occasional disposition to slight pains. On a vaginal examination, I found the os uteri opening ; the membranes entire ; and the head presenting ; I therefore had no hesitation in instantly discharging the liquor amnii. I watched the woman for some time afterwards, and seeing that the loss of blood had entirely ceased as a consequence of that act, with an increased disposition to pain, I left the patient in charge of her professional friend, under the impression that she would do well. The next morning he called upon me to report the result of the case ; and stated, that about two in the morning of Friday, the labour-pains became active, the head descended, and there seemed to him every probability that the child would be soon expelled ; that some time afterwards, the woman became extremely restless, tossing her body and limbs about in every direction, and that she died before morning without expelling the child, or any return of discharge.

From the time the liquor amnii was evacuated, this woman lost no more blood. That act therefore completely answered its intended purpose ; but it could not counteract the effects of that loss which the woman had previously sustained, and which had already produced such a degree of exhaustion as

ultimately proved fatal. Under the state in which I first saw this patient near midnight, it appeared to me that a forced delivery was then not admissible. The termination of the case affords no evidence of the impropriety of the practice ; the entire cessation of the hæmorrhage upon the rupture of the membranes, is a convincing proof of its correctness ; and if the liquor amnii had been discharged at the commencement of the flooding, or even before any great loss had taken place, the result might have been different.

### CASE CXXXVI.

#### *Accidental Hæmorrhage. Fatal.*

ABOUT noon, Monday, August, 3rd, 1829, I had a communication from a midwife “ that a poor woman in upper East Smithfield, the mother of a large family, had got a violent flooding, which she could not check.” I found this woman under considerable discharge, with extreme faintness, cold hands, and a weak pulse. The bag of membranes was unbroken, and the head was presenting ; but the os uteri was little opened. I attempted to rupture the bag by passing my finger through it ; but it offered so little

resistance, that I could not succeed at the instant. I then procured a long knitting-needle, and, introducing it upon my finger, I pierced the bag ; upon this, a very large quantity of liquor amnii was discharged. After waiting some time, I found the size of the uterine tumour much lessened, and the flooding to have ceased ; I therefore left the woman in charge of the midwife. About eight in the evening, the midwife wrote to inform me, “ that the flooding, after having ceased for some hours, had suddenly returned ; that the head was well down in the pelvis, but that there was little pain.” Finding the head within the scope of the forceps, I applied that instrument, and readily extracted the head. The rest of the child with the placenta followed in due course. After delivery the woman appeared in a most exhausted state, under which she languished for a short time, and then gradually sunk.

## CASE CXXXVII.

### *Accidental Hæmorrhage. Fatal.*

AT half-past six on Tuesday morning, September 29th, 1829, a medical friend called at my house to beg my assistance to a patient in his immediate



neighbourhood, who had been suddenly seized about two hours before with a flooding in the eighth month of pregnancy, and who was stated to have lost no very large quantity of blood, yet to be extremely depressed by the loss, with frequent faintings, and a constant sense of faintness. Upon visiting this lady, I found that there was a constant trickling of blood from the vagina ; and on a vaginal examination, I detected the head to be presenting ; the membranes to be entire ; the os uteri to be slightly dilated, soft and lax ; with a tendency to uterine action. I immediately pushed my finger through the membranes ; a large quantity of liquor amnii escaped, and the uterus contracted. After a lapse of about an hour, labour-pains became more active ; but after every pain a sense of faintness recurred, although the hæmorrhage had ceased. By ten A. M. the head had so far descended as to press upon the perinæum, and I was in momentary expectation the head would be expelled ; but about this time the pains became more distant, and seemed to diminish in power. By half-after ten, the head was naturally expelled ; and now, the pains becoming weak and inefficient, I applied a trifling degree of extractive purchase, which, assisted by active contraction, presently released the rest of the child. Upon the birth of the child still-

born, a quantity of blood, partly in a fluid state, and partly in a coagulated state, instantly made its escape. Placing my hand upon the uterine tumour, and finding it well contracted, I soon withdrew the placenta. The woman was now in a state of complete syncope, from which she could not be restored by the use of the strongest stimulants; but gradually sinking under the symptoms usually met with in such cases, she expired about an hour or little more after delivery.

In this case, the loss of blood the woman had sustained before I saw her, seemed to have irreparably depressed her; and perhaps internal hæmorrhage was also going on after the rupture of the membranes.

## UNAVOIDABLE HÆMORRHAGE.



THIS dangerous case is produced by the implantation of the placenta over the mouth of the uterus ; or by its close attachment to that orifice. The placenta is either so situated before the head of the child, in the way of its exit into the world, or so near to the mouth of the womb, that the necessary changes preceding and accompanying labour, must inevitably produce a detachment of some part of its substance with consequent loss of blood.

It was suspected by our predecessors, that when the placenta was thus met with, its mass must have been, by some cause or other, detached from its usual situation ; and must have fallen down, by its own gravity, to the mouth of the womb. But this idea is now proved to be completely erroneous ; for it is a well known fact, that the placenta may be naturally affixed to any part of the uterine surface ; and the experience of most practitioners evinces, that the placental mass may be formed, even over the mouth of the womb. The woman herself, from any particular feelings or impressions, has no cog-

nizance that the placenta is placed in this hazardous situation ; for the process of pregnancy, and the growth of the child do not appear to be at all impeded, or even influenced by it, until towards the end of pregnancy ; a loss of blood then takes place, which produces the first alarm.

No rational, or satisfactory cause has hitherto been assigned, for this singular and dangerous deviation of Nature, from her usual prudence and foresight. In most instances we find, that ample provision is made for the safety of the human body under the performance of its different functions ; but in this exception to that general principle, we see a pregnant woman necessarily exposed to the greatest danger, perhaps even to the loss of life itself, under the natural act of child-birth.

A great deal of invidious remark has occasionally issued from the press, upon the impropriety of men being engaged in the practice of midwifery ; evidently, with the nefarious intention of disparaging the individual characters of such men, and their occupation. It is not my intention to engage in any controversial contest on this question ; but I may be allowed to say, that if no other argument could possibly be adduced in favour of the superintendence of labour by persons properly qualified by

education and experience for that duty, the occasional, and by no means unfrequent occurrence of this very case, with the necessity of active, judicious, and timely assistance to the sufferer, would alone justify the practice.

When the placenta is implanted over, or is attached very near to, the mouth of the womb, an attack of flooding *must* take place upon the commencement of the relaxant process in the cervix uteri, preparatory to labour. That occurrence is a necessary consequence of some separation of the placenta from its original attachment. In explanation of this positive assertion, I must beg to remark, that for six or seven months after conception, the uterine structure has been more particularly developed in its fundus and body; and that about that period, the cervix uteri becomes shorter and thinner. While these changes are going on, the placental attachment is so much disturbed, that some of the uterine vessels passing into the placental cells are separated; the immediate consequence of which is a discharge of blood in greater or less quantity, according to the degree of detachment. But it rarely happens, that the first discharge is carried on to that extent, as to excite much alarm; it is a far more frequent occurrence, that a sudden gush should take place, or a



slight degree of flooding should continue for a short time, and subside altogether ; the woman then thinks no more about the accident.

After an uncertain lapse of time, however, perhaps after an interval of two or three weeks, during which she seems to be tolerably well, a recurrence of flooding takes place ; and perhaps to a much greater extent, than on the previous occasion ; this also may possibly be restrained by natural, and medical means. After another uncertain lapse, the flooding returns with increased violence, and probably continues for a greater length of time ; and even, if it should again cease entirely, it *will* return either before, or immediately upon the commencement of labour.

A woman placed in this perilous situation, therefore, holds her life under a very uncertain tenure ; for the flooding may return at any one moment between its last cessation and the beginning of labour, when it must certainly recur with increased violence ; whether that process may have been accelerated by the effects of the discharge, or may have been protracted to the end of gestation. The nearer the completion of the ninth month an attack of flooding takes place, the more rapid and dangerous does it usually prove ; for at that time, the

uterine vessels, passing into the placental cells, have acquired their greatest degree of magnitude; by any separation of their attachment, therefore, their contents are discharged with increased velocity.

At the beginning of an attack, the blood usually escapes in a fluid state, and of a blackish colour, but when the fluid form of the discharge begins to abate, or has nearly ceased, coagula are frequently evacuated. There is also a gradual oozing of a serous fluid upon the linen, after the appearance of colour has ceased, and sometimes in considerable quantity for days, similar to that already described.

A discharge of blood, produced by misplacement of the placenta, is rarely met with before the sixth month of pregnancy; the most usual time for its occurrence is between the seventh and eighth months; yet the attack may be deferred, (although that is seldom the case) to the middle of the ninth month, or even to the onset of labour at the end of gestation. Whereas accidental hæmorrhage may take place at any stage of pregnancy, and even after the establishment of labour; in that case, its nature is immediately determined. Yet upon the whole, upon an attack of flooding, there is so little difference between the symptoms of accidental, and those of unavoidable hæmorrhage, that it is almost impos-

sible to detect one case from the other by external appearances. The symptom peculiar to each is loss of blood, with its consequences; the mode also in which that blood is lost is nearly similar; but I think, that the return is more frequently repeated, and that each return is more usually increased in violence, in the latter, than in the former case. As an increased degree of danger however, necessarily attaches to the latter, when a discharge of blood does take place towards the end of pregnancy, our strongest suspicions should be excited, that the case may possibly prove to be one of the latter description; a strict eye should therefore be kept upon the woman for the future. A degree of apathy and indifference on these trying occasions is equally discreditable to the medical attendant, as it is incompatible with the safety of his patient. Yet until he has gained more satisfactory information from a vaginal enquiry, he remains in entire ignorance of the true nature of the case, and merely grounds his hopes or fears on suspicion alone. But that information may not always be obtained on a first, or even on a subsequent attack; the state of parts may be such, as to preclude the means of acquiring it.

Those measures which have been already adverted to for the suppression of general hæmorrhage, may with propriety be used at the commencement of this

case ; but not much reliance should be placed upon their efficacy for any great length of time, to the exclusion of other and more efficient means, lest the ultimate safety of the woman should be thereby compromised. If under their use, the flooding should continue to that extent as to induce faintness, or other symptom indicative of much constitutional injury, we ought not to place too much, or too long confidence in their supposed, or expected influence. Should it so happen, that the case has not been already satisfactorily made out, it will now become a most imperative duty on the part of the practitioner to determine the question, whether the placenta be presenting at, or near the mouth of the womb, or not.

The mode of conducting this necessary enquiry, (at this moment of such vital importance,) has been sufficiently explained ; I will merely repeat, that in many instances, it may become needful, to introduce a portion of the hand within the vagina, before sufficient information can be obtained to decide the practice. A mistake may implicate the safety of the patient ; at any rate it will inculcate the character of the practitioner ; and if any doubt should exist on the question, proper steps should be immediately taken to remove it.

Let me then suppose a case, in which a woman

has suffered under one or more attacks of flooding towards the close of pregnancy ; each of which has either spontaneously subsided, or has been relieved by the usual means, without producing any serious mischief ; that she has become the subject of a subsequent attack of greater violence, attended with forebodings of future danger ; and that by a vaginal enquiry, the placenta is detected immediately over the os uteri. Under such circumstances, there is no chance of safety, except in delivering the woman sooner or later by art ; by the introduction of the hand, and turning the child. The termination of the case cannot be entrusted to the agency of the natural powers, without the greatest hazard ; for the relaxation and opening of the os uteri must necessarily detach more and more of the placental mass, and proportionally increase the quantity and rapidity of the discharge. But the principal point (and one of no trifling importance) to be determined is, the *time when*, this artificial delivery ought to be effected, that the imputation of rashness, and the hazard of delay may be equally avoided.

In the consideration of this matter, we must advert to the local state of parts, as well as to the general state of the woman. Before delivery can be attempted with any degree of propriety, the os



uteri should be already so far opened, or in such a state of relaxation, as to admit the introduction of the hand without much difficulty. If delivery be attempted very prematurely, that attempt may be defeated by rigidity of parts; in that case, the woman would be placed in a worse situation, than before it was made. Even if it should be effected by such a degree of force as will overcome that rigidity, the woman will be made to undergo a greater share of suffering, and will incur some risk of laceration of parts. And here let me offer an urgent caution against a mode of practice which I have sometimes seen pursued under a rigid state of os uteri. I allude to an attempt forcibly to dilate it, by passing two or more fingers within its orifice, without any intention of immediately introducing the entire hand. Such an act can answer no good purpose; it can only produce a greater portion of placental separation, with its alarming consequences.

But in awaiting those changes which may ensure the performance of that operative act with the greatest ease and safety, the quantity of the discharge, and the mode in which it flows, should be carefully watched, as well as the symptoms which from hour to hour are induced upon the system. Let us beware, however, of protracting the delivery

beyond that period, at which its intended object, the preservation of the patient, may be defeated. When the continuance of discharge has produced faintness, pallor of countenance, coldness of the extremities and symptoms of that description, every minute's delay increases the degree of hazard to the woman's life. Upon the whole, it is better to have recourse to delivery an hour too soon, than an hour too late.

But it will frequently happen, that, when an individual has been long in waiting about the person of a woman in this situation, his powers of observation become blunted, and his mind is not sufficiently alive to the advance of the symptoms. They are creeping on gradually and insidiously, and escape his notice. The woman's powers are declining, yet he does not appear aware of the fact. He may, perhaps, acknowledge the necessity of delivery, yet he has not the presence of mind or resolution to perform the act. Let such a one then appeal to the assistance of some intelligent practitioner of experience and judgment, who will not hesitate to give a decided opinion, and to act accordingly.

When the operation of turning is determined upon, and is once commenced, the difficulties to be encountered in that proceeding are to be met with

fortitude, and a cautious perseverance to its termination. The left hand, formed into a conical shape, is to be introduced into the vagina, then gradually through the os uteri into the uterus itself. At the moment of dilating and passing the os uteri, the hæmorrhage is tremendously increased, and if at this moment, from alarm or other cause, the operator should be induced to withdraw his hand, the consequences will be frightful, and serious indeed. When he has got thus far in the operation, therefore, he must proceed at all risks. If the os uteri be found but little dilated, and be somewhat rigid, it must be carefully and gradually opened by one or more fingers, afterwards by the thicker part of the hand, until the entire hand gradually slides within the uterine cavity. The rout, which the hand must take, will be decided by the occurrences of the moment. But it will generally be found more easy to pass the hand by the side of the placenta, than to penetrate its substance. After entering the uterus, the hand ruptures the membranes, seizes hold of one foot, or of both feet (if they can be readily met with,) and brings down the breech through the os uteri, the pressure of which upon the bleeding vessels materially checks the discharge. Having gained these advantages, the operator now procures

a little respite from action ; and of this interval it is desirable to take advantage carefully to view the situation of the woman. If the loss already sustained shall have brought on syncope, or excessive faintness, recourse must be had to stimulants, previously ready at hand ; but if it should not seem to have made much impression, such means become unnecessary. At this stage, also, I seldom fail to place my hand externally upon the uterine tumour, to ascertain the degree of contraction it has already undergone. The conduct must henceforward be guided by existing circumstances. If active contraction take place in the uterus, it is safer to allow the child to be expelled by it, at least as far as the head, than to extract the body rapidly by force ; but if uterine action be languid and distant, a moderate degree of extractive assistance may be necessary to withdraw the body, arms, and head. If the uterus after the birth of the child should be found tolerably well contracted, the placenta, which is usually separated, may be withdrawn at pleasure.

But if, after the birth of one child, a second should be detected within the uterus, the situation of the woman, by that unfortunate occurrence, is rendered doubly hazardous. For the extension of the uterus by the presence of a second child, and its surround-

ing waters, prevents that degree of contraction, which can alone check the continuance of hæmorrhage. The flooding, therefore proceeds uninterruptedly after the birth of the first child, and until the breech of the second is brought down ; which, by its pressure, closes the mouths of the open vessels. As soon then as a second child is detected, even almost without a moment's delay, the hand must be again introduced for the performance of a second turning. By the time the breech is brought down, the woman is in a fainting state, for the relief of which it may be necessary to have recourse to strong stimulants. If, after she is somewhat restored, uterine action should follow, and assist the extraction of the body and head, her situation becomes more favourable ; but in the cases which I have witnessed, uterine power has at this moment seemed nearly worn out, and the flooding has continued to the extinction of life.

After delivery, the woman's situation must be made as comfortable as possible, by the removal of such wet and stained linen, as can be conveniently, and readily brought away ; a dry blanket or flannel may be applied under her person. Yet in the performance of this duty, the utmost caution should be observed in moving or disturbing her. She is gene-



rally found in a very exhausted state, under which the most perfect quiet cannot be too strongly enjoined. If the uterus should now be well contracted, and active discharge shall have ceased, a dose of opiate may be beneficially administered, with proper nourishment, and occasional stimulants. Should refreshing sleep be obtained, its good effects will presently be obvious. When the bowels have been satisfactorily relieved, a daily improvement is usually perceptible, and the woman is gradually restored to health.

In the preceding account of the mode of delivery, I have made no allusion to the safety of the child. In the majority of cases, the life of the child has either been already destroyed, at the time when delivery is attempted ; or it is reduced to so low an ebb, that the child rarely survives expulsion, or extraction. But this is not necessarily the case. In some instances, especially when delivery is effected early, upon the extraction of the breech, pulsation in the funis sufficiently evinces the fact, that the child is at that moment not bereft of life. Some degree of attention must therefore be paid to the safety and preservation of the child ; yet no means should be resorted to with that intention, which may be likely to prove detrimental to the mother in so

critical a situation. If the circulation be going on actively and vividly through the funis, there can be little necessity for much interference; a trifling degree of extractive assistance during uterine action will be sufficient to withdraw the body, arms, and shoulders; but the extraction of the head may possibly require the exertion of a greater degree of power. If no pulsation be perceptible in the funis, the life of the child is already out of the question, delivery is then to be completed with reference to the mother alone.

But instances of a partial presentation of the placenta are not unfrequently met with; in which that mass is not implanted entirely and directly over the mouth of the womb; but only over some portion of it, and by the side of it. In this case also, we have necessarily an attack of hæmorrhage with its consequences before, or immediately upon, the commencement of labour; and the loss of blood is proportionate to the magnitude of the placental substance placed over the opening, and to the degree of its separation. The progress of the case is very similar to that already described, the prominent symptom of which is flooding; which first usually occurs when the dilating process takes place, and is repeated from time to time.

Upon making a vaginal examination, especially if the os uteri be somewhat dilated, the separated portion of the placenta is distinctly perceptible by the finger, with the membranes passing off from it; through which, the presenting part of the child may possibly be felt. But there is a material distinction between this case, and the one already described. In that, the thickness of the placenta is placed between the examining finger, and the presenting part of the child, which cannot be detected; but in this case, the head, or other part of the child may usually be distinguished through the membranes. In passing the finger also to the opposite side to that from which the membranes seem to emanate, the fleshy part of the placenta may be felt attached or separated; and if the finger be carried onward with any degree of force, a momentary increase of the discharge is produced.

In the general management of this case, the means before recommended may be had recourse to at the onset of an attack, and may be continued for a time within proper bounds; but they cannot be relied upon exclusively. Upon a first, or upon a second attack, the discharge may possibly be arrested without producing much inconvenience; but the time is not far distant, when the flooding

must return with increased violence. When regular labour-pains are established, with every access of pain, there is necessarily an increase of the discharge ; in the interval of pain, it is somewhat diminished.

The professional conduct must now be regulated by the general state of the woman, and by the local state of parts. If the woman's powers appear to be very much reduced, and the draining continue, the most prudent plan will be to discharge the liquor amnii by the rupture of the membranes, and carefully to watch the result of that measure. The probable result may be, that the hæmorrhage is for the moment checked ; and that time is allowed for the woman's powers to rally, as well as for future deliberation. Should this fortunate occurrence ensue, there can be no necessity for adopting other measures for the present. As long as blood ceases to flow, it will be the duty of the attendant to refrain from action ; and yet to be sufficiently upon the alert, as to the delicate, if not actually dangerous situation of the woman. The interval of this cessation must be assiduously employed in the use of such judicious means as appear the best calculated to prevent a return, and to restore the woman's lost powers ; at the same time, taking care that a

return does not escape detection. It will now and then happen, that the hæmorrhage is effectually restrained by this treatment; and that, after a lapse of some time, uterine action comes on, and brings down the head of the child upon the os uteri; which, by positive pressure upon the open vessels, prevents further loss, and allows the labour to be terminated by the natural powers; a conclusion most anxiously to be wished for. If, even in waiting this desirable event, a slight degree of drain should be kept up, yet not to that extent, as to add much to the preceding loss; if the labour should be progressive, the pains good, and the woman's powers hold out; it will be preferable to rely on Nature's efforts, than to resort to artificial delivery. I have almost uniformly found, that, when the uterus begins to act vigorously, both the bodily and mental powers of the woman become immediately improved; even if they had previously appeared at a low ebb.

But if the hæmorrhage should continue after the evacuation of the liquor amnii, artificial delivery must not be delayed. Yet it is not to be supposed that delivery under a state of exhaustion will be always successful, or that it can be effected without great danger. The reverse is too frequently the unfortunate result; yet, as the extraction of the



child affords the only means of procuring uterine contraction, and through that contraction the restraint of the flooding, it becomes our last resource. In watching, however, the course and progress of the symptoms under a state so replete with ultimate danger, let me strongly recommend that this last resource be not deferred beyond that time, at which it may prove useful.

When I have been obliged to have recourse to a forced delivery by turning, under a state of great exhaustion, I have frequently fancied, that the shock inflicted upon the nervous system by the violence of the operation has greatly increased the danger of the woman, and has sometimes induced a fatal result. In reflecting upon this presumption, in cases of sudden depression under a placental presentation, it has seemed to me desirable, if possible, to obtain a truce from the flooding before delivery is attempted, that the system may somewhat rally from its preceding effects. I have therefore thought, that if, in these desperate cases, by any gentle means, the liquor amnii could be discharged, without inducing a greater degree of placental separation, some advantage would be derived from uterine contraction, and the violence of the discharge would be thereby checked. I must however in candour declare, that

I have not had an opportunity of realizing the practical effect of this suggestion, since it occurred to my mind ; I offer it therefore merely as an object of future consideration. The method I propose is, to penetrate the centre of the placenta by a perforator, or other sharply-pointed instrument, and allow the liquor amnii to run off. If the discharge be thereby checked, delivery may be put off for a short time ; but if the discharge should continue afterwards, delivery must not be delayed. Let it be clearly understood, however, that this act will not supersede the necessity of delivery sooner or later, and that it will cause some loss of the child's blood from the placental vessels.

I have repeatedly remarked, that among those cases which have terminated fatally, in several of them that event has seemed to me to be hastened by too quick an extraction of the child, and the too sudden evacuation of the uterus. If the hand in turning be allowed to enter the uterus without resistance, and if, after it is in complete possession of the cavity, no contractile effort be perceptible in the parietes, the extraction of the child should be gradually performed. When the breech is brought down, its pressure generally suspends the discharge.

When this is the case, there can be no immediate necessity for the quick extraction of the body and head ; and I feel perfectly satisfied, that by such a mode of proceeding, much injury is occasionally done to the woman. But on this point, as on many others, the practice must be regulated by the state of the woman, and that of the child, under due discretion, and judgment. If the woman should appear at this time in a state of syncope, brandy or other stimulant may be freely exhibited, and sometimes with considerable advantage. But the continuance of a relaxed state of the uterine parietes, either during the act of delivery or after its completion, is always pregnant with the greatest mischief. Whereas the reverse state, one of active contraction and of expulsive effort, even under considerable exhaustion, promises more favourably.

Under a relaxed and enlarged state of the uterine parietes after delivery, a continuance of discharge is almost a necessary consequence ; and I need scarcely observe, how injurious, if not probably fatal, an active and further loss of blood must ultimately prove. The most prompt and decided measures ought therefore to be resorted to, with the intention of inducing uterine action ; and, perhaps, the introduction of the

hand into the uterus, with external compression, and the use of cold, will at the moment, offer the greatest probability of producing that effect.

The placenta has been in some rare instances suddenly and completely detached from the os uteri, and has either remained within the vagina, or has been pushed through the external parts, without much apparent detriment to the woman. Under this singular accident, the flooding has been, upon the instant, sudden, violent and threatening; but it has presently subsided, and after a short time, has ceased altogether. The child has been afterwards expelled, bereft of life, without any return of flooding, or further hazard to the mother. I have never witnessed this occurrence personally, so that I cannot report from my own observation its progress and effects; but I have been called to several cases, in which it had taken place previous to my arrival, and in which the above facts had been noticed. It would therefore appear, from the slight degree of information which a few insulated cases afford, that there is less hazard to the mother under an entire and spontaneous detachment of the placenta thus situated, than under a separation of a portion of that mass. The case, it seems to me, can only occur under strong expulsive action, and I think it may

be satisfactorily explained, how the woman's life is preserved. The head of the child is pushed down upon the os uteri, which suddenly gives way; under its quick relaxation, the placenta is loosened from its previous attachment, and falls down before the head, which now comes into immediate contact with the bleeding vessels, and by mechanical compression closes their mouths; from this moment therefore the loss of blood is suspended, and the head is afterwards expelled by uterine action. It may therefore be presumed, that under the continuance of uterine action, the situation of the woman will become every moment less dangerous.

As to the management of this case, I think that there can scarcely be a difference of opinion. The dangerous symptom is the continued loss of blood; when this alarming symptom subsides, there can be no necessity for interference. It appears to me desirable, therefore, to leave the completion of the case to the full effect of the natural agents. Even allowing that the powers of the woman shall have been reduced to the lowest state by the previous flooding, which is now presumed to be checked, I should consider it more correct practice to wait the effect of the natural agents, than to have recourse to a forced delivery, as long at least as discharge is



absent. But if a draining should still continue, to counteract the baneful effects thereof, the child must be extracted ; and as life is already extinct in the child, a resort to craniotomy is perfectly justifiable, as the readiest and least injurious mode of effecting the above object. In this, as well as in other cases of flooding, the extraction of the child cannot be supposed capable of counteracting the effects of any preceding loss ; artificial delivery is only recommended upon the principle of preventing the injurious consequences of future loss, superadded to that which has already taken place. But in waiting for the natural expulsion of the child, as above recommended, the utmost attention must be paid to the present situation of the woman, and such means must be resorted to for her temporary relief, as her state may seem to demand.

Yet although, from the preceding account, it satisfactorily appears, that a spontaneous detachment of the placenta is not necessarily followed by fatal consequences, that fact can furnish no precedent in practice for the artificial separation and removal of it. It might possibly be presumed, from a knowledge of such a fact, that under a considerable detachment of the mass, the remainder might be artificially separated by the hand, and withdrawn

without much detriment, leaving the expulsion of the child to the natural agents. But I suspect, it would be practically found, that such a proceeding would not prove quite innocuous; and that a material difference existed between a separation of the placenta brought about by uterine action, and an artificial one by the hand in its absence. I think that few practitioners, aware of the probable consequences, would have the temerity to make the latter experiment.

It would appear then, from the preceding history of *unavoidable* hæmorrhage, that the termination of the case cannot, with any degree of safety, be entrusted to the agency of the natural powers, but that artificial delivery must sooner or later be resorted to; and that the principal point to be determined is, the *time when*, this necessary act shall be put into execution. Upon this point, the judgment must be chiefly directed by the state of parts through which the hand must pass, and the situation of the woman; keeping in mind, that it is equally desirable to avoid the imputation of rashness, as of protracted delay. Of the two evils, however, the latter is perhaps the more censurable.

It may perhaps be expected that I should offer some remarks on a mode of practice which has

been adopted in some peculiar cases of this kind, and in which the powers of life have been nearly exhausted by the violence and suddenness of the flooding; I allude to the practice of *transfusion*. Having never witnessed the effects of that experiment, I find myself unable to offer any satisfactory remarks on the subject.

### CASE CXXXVIII.

#### *A Placental Presentation.*

ABOUT midnight, on Friday, August 20th, 1790, being on a visit at the house of a medical friend, who was called to the assistance of a poor woman in a village about four miles distant, under flooding, he requested me to attend on his account. I was introduced to a woman about forty, the mother of several children, near the end of her reckoning, as she supposed; who had been attacked a few hours before my arrival with a flooding, and with a slight disposition to occasional pain. On making a vaginal examination, I found the os uteri so close and rigid, that, at that moment, I was unable to detect the case. This woman had had several slight attacks of the same kind previously without any pain, or

symptom of labour ; these had hitherto ceased without producing inconvenience or alarm. As the discharge had now subsided, I left the house with strict injunctions to the attendants to call me immediately in case of a return, or the accession of labour-pains. About ten on Saturday morning, I saw the woman again. During my absence, she had passed several large coagula, and had suffered under slight pains. I now made a second examination, and found the os uteri just opening ; through which I could satisfactorily detect the placenta lying over it. There were also some coagula in the vagina. Being merely the representative of another individual, I did not chuse to take upon myself the responsibility of acting in so dangerous a case without his presence. A messenger was therefore despatched for him, and he presently arrived. Having satisfied himself that the placenta was presenting, and that delivery ought not to be long protracted, the poor woman was made acquainted with the fact, and readily assented. She was now raised from her bed for the purpose of making the necessary preparations, and under that exertion she fainted. Having replaced her in a proper position, the act of delivery was entrusted to me. When my hand began to pass the os uteri, the flooding was so much increased, that it ran down my

arm in a perfect torrent. The woman again fainted, but was restored by some brandy given by my friend. As soon as I could lay hold of a leg, I brought down the breech to the brim of the pelvis, and presently the discharge subsided. Uterine action followed, and the child was almost expelled by its effort ; the placenta was also thrown off. Although pulsation in the funis was not quite extinct, the child could not be recovered. The uterus was now well contracted, but the woman appeared in a very exhausted state ; from which she was gradually revived by occasional quantities of brandy in warm gruel, so that in about an hour she was considerably recruited. The following day, she merely complained of a sense of lowness, and by the end of a fortnight, was as well as after any of her preceding confinements.

### CXXXIX.

#### *A Placental Presentation. Fatal.*

IN the night of Wednesday, April 3rd, 1793, I was summoned to the assistance of a young woman about two miles from my residence, who was said to be flooding. I learnt that she had had a slight loss of blood about three weeks before, which presently



ceased; that she had been again suddenly attacked this day, and that the discharge had again ceased. She was near the end of pregnancy, but had no symptom of labour. As the hæmorrhage was now checked, and as it had made no impression upon her system, after some time I left her, with suitable directions for her conduct. At my visit on the 4th there had been no return of discharge; I enjoined a recumbent posture, and the necessity of patiently awaiting the event. On the Thursday evening, however, upon moving to have her bed made, she had a sudden gush, which ceased on lying down. Throughout the days of Friday and Saturday, she was free from any loss; but on getting up on the Sunday morning, being, as she said, quite tired of her bed, the flooding again returned suddenly and more violently than before; and a constant draining continued through the day. On the Sunday night I was recalled, and found her pulse and strength still good. I now made a vaginal examination; but the os uteri was rigid and unopened. I remained with the woman all night, and finding after some hours that a drain continued, and that she was disposed to be faint, without labour-pains, I was anxious to have the presence of another accoucheur. Between four and five on the Monday morning, the os uteri had begun to relax a

little, and I was then enabled to detect the placenta immediately over it ; presently afterwards my friend arrived. It was now determined that the woman ought to be delivered without further delay, notwithstanding the parts were so little dilated. I therefore proceeded to pass my hand ; but in making the necessary dilatation, an increased quantity of placenta was separated, and the flooding was for the moment terrific. Having seized a foot, I brought down the breech ; uterine action now ensued, and materially assisted my extraction of the body and head ; after which there was a sudden gush of the waters and blood mixed together. The woman had now fainted ; but on the exhibition of some brandy was considerably revived. The placenta was presently withdrawn with ease. The child was still-born. For nearly an hour after delivery, the poor woman seemed to be much improved ; but about that time she began to yawn violently, after which she became extremely restless, tossing about in every direction ; this state terminated in a convulsion fit, under which she expired about an hour and a half after delivery.

## CASE CXL.

*A Placental Presentation. Fatal.*

AT three, A. M. Thursday, February 7th, 1811, I was called in a hurry to the wife of a publican in Mile-End, New Town, in labour of her eighth child under a dangerous flooding. I found her under symptoms of the most extreme hazard ; she had a quick, languid pulse ; a pallid countenance ; cold extremities ; and was breathing laboriously. This woman had been suffering under occasional attacks of slight flooding for some weeks, which had always subsided ; but for two or three days past, the returns had been more frequent ; and on Wednesday, the flooding had been violent ; to such an extent indeed, according to the nurse's account, "that the woman could not have lost less than a gallon of blood." Her medical attendant had been consulted repeatedly, who had merely ordered the usual astringents. He had been sent for on the evening of Wednesday, but did not remain with his patient ; he was recalled at two on Thursday morning, and during his absence the woman had flooded violently ; finding his patient in a dangerous state, he called

in a neighbouring friend, who wished to have my assistance.

The preceding statement appeared to me so decisive of a placental presentation, that before any enquiry, I predicted that fact ; and on a vaginal examination, I instantly detected the placenta immediately over the os uteri, which was opened to about the size of a shilling. The woman was near her full time, but she had no labour-pains ; and although the discharge, at the moment could not be called violent, there was a constant oozing from her parts. Under such unfavourable symptoms, I candidly declared, that I saw little hope of saving her life ; yet the only chance appeared to be in immediate delivery. After the exhibition of some stimulants, her medical attendant undertook the duty of turning the child ; but he met with greater difficulty than he anticipated in the introduction of his hand ; during that part of the operation, the flooding was truly tremendous ; at length the breech was brought down, but before the body, shoulders, and head could be extricated, the woman had expired. The placenta was found in the vagina.

## CASE CXLI.

*A Placental Presentation. Fatal.*

IN the forenoon of Sunday, August 16th, 1812, I was requested to visit a lady of middle age, the mother of several children, at a short distance from London, under uterine hæmorrhage, in the last month of pregnancy. She had previously suffered under several similar attacks without pain or other inconvenience; which had generally come on suddenly, and after a short continuance had gradually ceased. A repetition of the flooding had occurred the preceding evening in an increased degree, which had induced her medical attendant to sleep in the house; yet during the night, there had been a mere weeping from the vagina, scarcely coloured. At the time of my visit, this lady was sitting up; she had a cheerful countenance, a firm good pulse, and seemed in tolerable spirits. Indeed her appearance could not have excited the least alarm in the most timorous mind, if the previous and repeated attacks of discharge had not induced a suspicion, that the placenta might possibly be placed over, or near the os uteri. There were at this time very little dis-



charge, and no pain. After being in the house an hour or two, I was permitted to make a vaginal enquiry, but the result was not very satisfactory. For the os uteri was rigid, and but slightly opened; and at the extremity of my finger, I thought that I could detect the placenta. Throughout the day, the discharge was trifling; in the evening the lady was in good spirits; little alteration had taken place in the state of parts; and I was requested to sleep in the house. Between one and two on the Monday morning, I was disturbed by the nurse, who came to tell me, that the flooding had returned very violently, and that her mistress had slight pains; I now found the os uteri somewhat more relaxed with a great increase of discharge; and in a very short time, faintness came on with less firmness of pulse. Under this state, delivery was proposed, to which the lady readily assented. In passing my hand through the os uteri, I necessarily separated a larger portion of the placenta, and now the flooding became excessive, so that syncope ensued. Upon entering the uterus, I had some difficulty in rupturing the membranes; the bag was so flaccid as to offer little resistance, and the uterus was very inactive. Seizing a foot as quickly as I could, I brought down the breech; but the separated portion of the placenta

escaped down before it. Recourse was now had to the exhibition of brandy pretty freely. Placing my right hand upon the uterine tumour, I assisted the trifling degree of contractile effort, which it exhibited, by external pressure, while, with the left, I made a slow extraction of the child by the feet. Upon the passage of the head, a large quantity of liquor amnii mixed with blood instantly escaped. The placenta was now thrown down into the vagina. As the uterus remained large, and very imperfectly contracted, with a continuance of flooding, I passed my hand without loss of time within its cavity, the stimulus of which induced some contraction. Our patient was now in a state of syncope, from which she was somewhat recovered for a short time by another recourse to brandy, so that I had hopes that she would have rallied. In about an hour, however, she became extremely restless, and the powers of life continuing to decline, she expired within two hours after delivery. The child was still-born.

At ten, p. m. of the same day, Monday, August 17th, 1812, I was called by a medical friend to the wife of a tradesman near the Minories, under flooding before delivery, who had been attacked in a similar manner several times before, but the dis-

charge, had always hitherto ceased, without leaving any permanent inconvenience. On the present occasion, however, it had returned with increased violence the preceding night; and a constant drain had continued more or less throughout the day, yet no threatening symptoms were at this time present; the apprehensions of my friend were, however, strongly excited as to the result. On a vaginal enquiry, I found the os uteri somewhat dilated, soft and flaccid, with the placenta placed directly over its orifice. The nature of the case being thus determined, and the internal parts appearing to me to be in a state to permit the ready introduction of the hand, I recommended immediate delivery. My friend therefore passed his hand without much difficulty, and being materially assisted in his extractive efforts by uterine contraction, presently brought into the world a living child. The woman was afterwards faint, but presently was recovered by some brandy. I left her in a favourable state, and was told that she did well.

## CASE CXLII.

*A Placental Presentation. Fatal.*

ON Wednesday, June 16th, 1813, I was requested to visit a lady at a short distance from town, in the eighth month of pregnancy of her first child. She had been the subject of repeated attacks of uterine hæmorrhage, within the preceding month, which had always spontaneously subsided. In the night between the Tuesday and Wednesday, in the attempt to evacuate the bladder, she had passed a large coagulum, after which a serous drain, slightly tinged, continued to ooze from the vagina. I met in consultation a professional man of the immediate neighbourhood, to whom I hinted my apprehensions of the placenta presenting. A vaginal examination was therefore made ; and although the os uteri was rigid and but little opened, I could introduce my finger within it, and could detect the placenta at its extremity. I remained in the house the rest of the day ; and in the evening, finding the drain had subsided, I left the patient to the care of her regular attendant. She continued free from any discharge the whole of the two following days ; but

in the night between Friday and Saturday, she had a more violent return of hæmorrhage, and I was again called about half after four on the Saturday morning. At this time there was no disposition to labour-pain; the os uteri was more dilated, and felt more lax than on the former enquiry; and the nature of the case became more evident. The constitution had hitherto suffered little, yet the discharge was continuing; and although, as yet, it had made little sensible impression, it was evident, that if it was allowed to proceed, it must produce its usual effects. About eight on the Saturday morning, another respectable practitioner saw this lady in consultation; and after due deliberation, it was the united opinion, that delivery ought not to be long protracted. About nine, I proceeded to the operation. The external parts, the vagina, and the os uteri had shewn little disposition to give way, yet the two former admitted the introduction of the hand with little difficulty; but the latter offered considerable resistance to its entrance, binding it tightly around like a cord. By degrees this opposition was overcome, and my hand, gliding into the uterus, seized a foot, and brought down the breech; uterine action now became powerful, and presently expelled the rest of the child, alive. The placenta



was also thrown down into the vagina and soon removed. After delivery, this lady had no farther loss, yet she seemed much exhausted with a quick feeble pulse ; the means of restoration had now their wished-for effect. When she had somewhat recovered from the sufferings she had undergone, and as I was about to leave the house, she was attacked with a smart shivering fit, which was presumed to be the effect of the forced delivery. On the day following, Sunday, she had got sleep ; her countenance was cheerful ; the uterine tumour shewed a little pain on pressure ; but upon the whole she seemed to promise favourably. I was called in the early part of Monday ; she had been seized in the night with vomitings of a dark green fluid ; she was complaining of pain in the belly, which felt tender and swelled ; she had a small quick pulse and a clean tongue. Towards evening, these symptoms were evidently upon the increase, while the powers of life were declining, and in the course of the night she expired.

A post-mortem examination was not allowed ; yet I could not divest myself of the suspicion, that some injury was inflicted upon the parts in the act of delivery, although I was not aware of such a fact at the moment.

## CASE CXLIII.

*A Placental Presentation.*

AT eleven, P. M. August 31st, 1820, I was called to a lady in the Mile-End Road under flooding. I learnt, that she had completed the seventh month of pregnancy ; that she had been attacked in a similar but slighter manner, several times within the fortnight preceding ; and that the discharge had each time gradually subsided ; but that, in the present instance, it had continued for several hours to a great excess. This lady appeared to me to be in a state of much distress and danger ; her pulse was scarcely perceptible ; her countenance was pallid ; her extremities were cold ; her respiration was laboured ; and she complained of a sense of sinking, attended by a constant moan. A slight discharge of blood was still going on. Upon a vaginal examination, I found the os uteri a little opened and flaccid ; and through it I could distinctly detect the mass of the placenta. Under such unfavourable symptoms, I offered it as my opinion, that there appeared little chance of saving the woman's life, even by immediate delivery ; but that delivery was

the only alternative. I therefore proceeded without delay to the operation, and introducing my hand with tolerable ease, I turned the child, and brought down the breech ; the uterus now began to contract actively, and assisted my extractive efforts ; so that after the removal of the placenta, that organ felt round and firm. This lady was now under a state of extreme faintness, from which, she was after some time recovered by the free use of brandy ; so that I was enabled to leave her to the care of her medical friend in a very improved state. The next day, she appeared quite out of danger.

#### CASE CXLIV.

##### *A Placental Presentation under Twins. Fatal.*

ON the evening of Saturday, October 14th, 1820, I was requested to visit a lady near the Mile-End Road under flooding. She had been similarly attacked at various times before, within the preceding few weeks ; but the discharge had neither continued long, nor had it been to much extent until this day ; in the course of which it had returned with great violence, and had induced a sense of faintness. At the time of my visit, the flooding had entirely

ceased. The lady had no labour-pain ; but on an examination, I could feel the os uteri just opening, and through it, *a something* which I suspected to be the placenta. This aroused my apprehensions, and induced me to urge the attendant of the family, who lived within a few doors of his patient, to watch the case narrowly; strict injunctions were also given to the nurse, in case of any return of discharge, to apprize him instantly of the fact. I visited this lady again about noon the next day, Sunday; I then found her extremely comfortable, free from faintness, pain, or other unpleasant sensation, and without any return of flooding, since the preceding evening. Between nine and ten on the Monday morning, I was sent for in a hurry by my friend, who had called in about nine, and found his patient complaining of faintness. On my arrival, I learnt that there had been, throughout the night, a constant draining, which had soiled a great number of napkins; and which appeared to me to be more serous, than sanguineous. This drain had not excited the least apprehension in the mind of the nurse; partly, because it had escaped so slowly, and partly, because it did not appear to be blood; so that she had not apprized her neighbour, although so near, of the fact. I now found this lady in a very de-

pressed state indeed ; her countenance was pallid ; her pulse was feeble, and she appeared upon the whole in considerable distress. The os uteri was in the same state, as on the Saturday evening, still undilated ; and there was not the slightest indication of labour-pain. Under such unfavourable appearances, delivery offered only an uncertain result, yet that step seemed to both the only alternative. I therefore introduced my hand by the side of the placenta without much difficulty, and finding the breech presenting, I seized a foot, brought down the breech, and slowly extracted the trunk and head. Upon placing my hand on the abdomen, I instantly detected the presence of a second child ; at this moment the hæmorrhage was most alarming. Without delay, therefore, I again introduced my hand, and penetrating the membranes, I met with a leg, and got down the breech ; the rest of the child was then slowly extracted under slight uterine action ; after which the double placenta was withdrawn. The lady was now in a state of syncope ; stimulants were offered without relief ; the usual symptoms followed, and she expired about half an hour after the extraction of the second child.



## CASE CXLV.

*A Placental Presentation, rapidly Fatal.*

AT six, P. M. Sunday, December 3rd, 1820, I was summoned in a hurry to a private patient near the Mansion House, who had been, a few minutes before, attacked with a sudden flooding in the eighth month of pregnancy, while sitting with her family at tea, in the drawing-room. I accompanied the husband instantly, and upon proceeding up stairs, tracks of blood were perceptible upon every step. In the bed-room, I found a neighbouring professional gentleman, who had been also called by the servants in their alarm at the state of their mistress; and although this unfortunate occurrence had not happened a quarter of an hour before, it had already produced such a degree of depression as I have rarely witnessed, with its concomitant symptoms. Upon a vaginal examination a little after six, some discharge was still going on, and I detected the placenta to be placed immediately over the os uteri; there was no tendency to pain. The urgency of the discharge appeared to be somewhat abating; and the lady seemed disposed to revive;

but presently the flooding again recurred violently. Watching its progress for a short time, and seeing no diminution of the discharge, I determined on delivery, previously requesting my professional friend to satisfy himself that the placenta was presenting. Having answered in the affirmative, I proceeded without further loss of time to effect the above object. The os uteri was not much opened, but it was relaxed. I passed my hand with ease into the uterus, but that organ shewed no disposition to contraction; having brought down the breech, and finding the child alive, I proceeded gently in its extraction; after the child was born, the placenta was thrown off, and was soon withdrawn. The uterine tumour was now irregularly contracted, and felt flaccid under the hand. For a short time, this lady appeared relieved; the discharge ceased, and she expressed her warmest thanks for my prompt assistance; but by and by, she began to complain of her breath: "Oh! my breath, my breath," was her urgent exclamation. There was no more flooding after delivery; yet my patient continued to sink, and expired soon after seven o'clock; so that in less than two hours, from an apparent state of perfect health, her valuable life was sacrificed to a sudden attack of hæmorrhage, in spite of the most

prompt assistance. The child was lively, and likely for life.

## CASE CXLVI.

### *A Placental Presentation.*

ABOUT noon, Sunday, September 5th, 1824, I had a note from one of the midwives of the charity, requesting my immediate attendance upon a poor woman in Bethnal-Green parish, who was stated to be flooding before delivery. I was told that she had been several times attacked in a similar, but slighter manner within a short time past, without pain or other inconvenience; and that each attack after a short continuance had gradually ceased. On my arrival at the address soon after twelve, the discharge had again subsided; and on making an examination at this time, the os uteri was but little dilated, and rigid; yet I could introduce my finger within it, and could distinctly detect the placenta at its extremity over the os uteri. This fact being ascertained, after giving the necessary instructions to the midwife, I left the woman in her charge. About an hour after my departure, the flooding returned, and I was immediately recalled, about two, P. M.

The discharge had again ceased, but as the woman now began to complain of a sense of faintness, I was unwilling to leave her. I watched her attentively for about two hours; and about four, P. M. finding the os uteri more opened than it was at noon, and more disposed to give way, I determined upon delivery. My hand was introduced without much difficulty, but the flaccid state of the membranes gave me a little trouble; having ruptured the bag, I seized a foot, and presently brought into the world a living child; after delivery, I left the woman in a favourable state. The day following she complained of pain in her belly, and had passed a restless night; but after the operation of an opening medicine, these symptoms were relieved, and she afterwards went on well.

## CASE CXLVII.

### *A Placental Presentation.*

ABOUT noon, on Thursday, November 18th, 1830, I was sent for in a hurry to give an opinion upon a case of flooding before delivery, in a street near the Mansion-House. Upon attending the summons, I was introduced to a woman in the middle sphere of

life, about forty, and the mother of a large family, under a high degree of exhaustion, indeed apparently in *articulo mortis*. She had a pallid anxious countenance; cold extremities; laboured respiration, with a pulse scarcely perceptible; and had been flooding more or less since an early hour in the morning. She had suffered under several similar attacks within the preceding month in a slighter degree, each of which, after a short continuance, had ceased. This morning the flooding had returned with greater violence, and had already reduced her to the state above-described. Her medical attendant had been sent for in the early part of the morning, who, after remaining some time, left his patient, but was presently recalled. Upon my entering the room, he was sitting by the side of his patient with his hand wholly or partially in the vagina, but with what object I could not learn. He said the placenta was presenting, and asked my opinion as to the propriety of immediate delivery. On examination, I found the os uteri opening and lax, and it was to me sufficiently clear, that the placenta was over its orifice; it seemed also to me probable, that the woman could not long survive the act of delivery; yet of the propriety of that act, there could be but one opinion. My friend undertook the task of de-



livery, and some time elapsed before it could be accomplished ; so that after its completion, the woman was so much exhausted, that she never rallied ; she presently became restless with the other usual symptoms, and expired within a short time after delivery.

The sequæ of this case sufficiently evinces the necessity of watching the progress and effects of hæmorrhage in its incipient stage.

## CASE CXLVIII.

### *A Placental Presentation.*

ABOUT half-after eight on the morning of Tuesday, February 8th, 1831, a gentleman called at my house to request I would attend him to his residence at a short distance from London, to see his wife, who had been seized with flooding during the night, at about the eighth month of pregnancy, having suffered under a similar attack about three weeks before. I found a young woman, the mother of several children, under slight occasional pains of labour, with a constant drain of blood from the vagina ; she was in good spirits, and little impression seemed, as yet, to be made upon the system, by the loss already

sustained. Her medical attendant told me, that he suspected this to be a placental case ; a suspicion, which was afterwards fully verified. Upon making an examination, I found the os uteri a little opened and lax ; through it, I could feel a solid smooth substance, which seemed to me, on a first impression, more like tense membrane or coagulum, than placenta ; but on making even a slight degree of pressure against its surface, the flooding became instantly violent ; and carrying my finger farther around, I readily detected the adhesion of the placenta about the cervix uteri. Having now satisfied myself that the placenta was placed before the head of the child, I proposed immediate delivery, which was assented to by all parties. I therefore passed my hand with comparative ease ; during this part of the operation the flooding became excessive ; seizing a foot, I brought it to the brim of the pelvis, when, from slipperiness, it suddenly escaped my grasp ; at this instant, the hæmorrhage was truly alarming ; continuing my efforts, I again laid hold of the foot, and brought the breech through the brim of the pelvis into the vagina ; whereby the discharge was considerably restrained. The uterus presently shewed signs of active contraction, and materially assisted the further extraction of the child.

For a few moments, the child seemed lifeless, but by and by it gave a sob. The child was now placed in a tub of warm water, and soon cried loudly. My attention was at this moment more particularly directed to the mother, who seemed faintish and exhausted; yet she did not positively faint, although she appeared much inclined thereto; some brandy was given, and the placenta, loose in the vagina, was withdrawn. After remaining some time in the house, I left the mother much recovered, and the child doing well. I saw her again in the latter part of the day; when she merely complained of tenderness in the uterine tumour, with a tendency to after-pains. From this time she went on as well as after any natural labour, and became a good nurse.

## CASE CXLIX.

### *A Partial Placental Presentation. Fatal.*

ABOUT ten, A. M. February 10th, 1818, I was requested to visit a lady in the neighbourhood of Bethnal Green, who was represented to have been the subject of frequent returns of a convulsive kind towards the close of pregnancy, but who, at this time, was suffering under flooding. The liquor

amni had been discharged the preceding evening, by the spontaneous rupture of the membranes, without pain ; after this occurrence some hæmorrhage had come on, which induced the lady to call her medical attendant ; who, finding no symptoms of active labour, left the house for the night, but was recalled early in the morning, in consequence of an increase in the discharge. Upon making an examination, he found the placenta partially separated, and sent for me. This patient, at the above hour, was under considerable distress ; she had a pallid countenance ; her pulse was feeble and frequent ; there was a constant slight draining, with now and then the escape of a large coagulum ; she had occasional weak pains, and with every pain a visible increase of discharge. On a vaginal examination, the finger detected the os uteri a little dilated with the placenta partially attached over it to about half its extent ; and the head of the child disposed to press upon it. Viewing this dangerous case in its different bearings ; looking at the already depressed state of the woman ; at the slight degree of dilatation in the os uteri ; at the certainty of a great increase of hæmorrhage under its full dilatation ; and at the probability of the woman sinking under the loss thereby induced, should the case be entirely left to

natural agency; I stated it to be my opinion, to which my friend readily assented, that artificial delivery seemed to promise a more favourable result than would be obtained by a contrary practice. I therefore proceeded to turn the child, and effected that object without much difficulty; but the woman did not survive the extraction of the child more than two hours.

## CASE CL.

### *A Partial Placental Presentation.*

AT six, P. M. June 6th, 1820, I was called to a poor woman near Ratcliff-Highway, under a constant and oppressive sense of faintness, with a small quick pulse, and other usual symptoms attendant upon an excessive loss of blood. She was in her eighth month of pregnancy, and had now and then felt trifling pains of labour. She had suffered under a similar, but much slighter attack about a fortnight before, which spontaneously ceased. The flooding recurred in the early part of this day, and had continued almost unremittingly to the time I made my visit; as she appeared to her medical attendant to be in very great danger, he sent off in a hurry for



my assistance. On a vaginal examination, I could feel the placenta at a short distance from the os uteri, somewhat detached, and a very small portion of it seemed to have been placed either over the orifice, or very close to it at the back part; from which the membranes passed off towards the pubes, so that the bag could be clearly defined by the finger. This poor woman appeared in a most dangerous, nay, almost in a hopeless situation; and as a constant drain was still going on, I discharged the liquor amnii, as well with the immediate view of checking the flooding, as of gaining time for such ulterior measures as the case might afterwards demand. Presently, finding that the loss of blood had ceased, I left the woman in charge of her previous attendant. I saw her again at ten at night; during my absence, there had been no return of flooding, and the woman seemed to have rallied considerably; yet there was little tendency to uterine action. Early the next day, I had a message from her medical man to inform me, that about two in the morning, active pains came on, which soon expelled the child without any return of the flooding. I saw her on the eighth much improved, and doing well.

## CASE CLI.

*A Partial Placental Presentation.*

AT six, P. M. Tuesday, October 28th, 1823, I was requested to meet a professional friend in consultation upon a case of flooding before delivery, in the Commercial Road. On my arrival at the address, I learnt that the lady had been seized about four that afternoon with an alarming hæmorrhage, which, after continuing a short time ceased spontaneously. On examination, I could detect the placenta to be slightly attached over the os uteri, with a portion of it detached. As the discharge had not made much detrimental impression upon the system, and as it had entirely ceased, I left the patient under the care of my friend, with a promise to see her again that evening. About ten, P. M. I paid her a second visit, and finding that the flooding had ceased, I merely recommended attention to the lady, and in case of any further alarm, the discharge of the liquor amnii. About ten, P. M. on the Sunday following, November 2nd, upon a return of the flooding, I was again summoned; but before my arrival, my friend had ruptured the membranes, and it had again ceased. The

sudden loss of this evening had produced more alarming symptoms than the preceding attack ; the woman had now a bad countenance ; cold extremities ; a small quick pulse ; oppressed respiration, with a sense of stricture about the diaphragm. There was an occasional tendency to slight pains ; the os uteri was also a little dilated, and relaxed. As the uterus had somewhat contracted, and the flooding had ceased, I was unwilling to have recourse to delivery under such an exhausted state of the system ; but I waited in the house till four A. M. Monday ; during that interval there was no return, and the woman appeared much improved. I visited this woman at noon on Monday the 3rd ; uterine action had then been established about four hours, without any return of discharge ; the head was pressing on the perinæum ; the child was presently expelled, and the placenta was in due time withdrawn. I left her in a favourable state.

## CASE CLII.

### *A Partial Placental Presentation. Fatal.*

AT six A. M. Monday, August 6th, 1827, I was called to the wife of a tradesman near Tower Hill, under

flooding towards the close of pregnancy, for whom I had been some weeks before consulted respecting a most distressing pain in the head, which had been relieved by loss of blood, and purgatives. I was informed, that on Saturday night, the 4th, this woman had been suddenly seized with a discharge of blood without pain ; which, after continuing a short time, subsided ; that on the Sunday, the hæmorrhage returned, and again ceased without producing much inconvenience ; and that about two on the Monday morning, another attack of flooding had taken place more violent than the preceding ones, which had continued incessantly to the time of my visit, at the above hour. I found this woman suffering under all the symptoms subsequent to a considerable loss of blood ; she had a pallid aspect ; cold extremities ; a small quick pulse ; and laboured respiration ; attended by a medical man. On examination, I discovered that the placenta had been partially placed over the os uteri, which, by its opening, had separated the presenting portion ; to its edge the membranes were attached, through which the head of the child could be distinctly felt. Without any hesitation, I passed my finger through the bag, and discharged the liquor amnii at once. From this time the flooding ceased, yet the woman's powers did not

in the least rally. After watching the case for about three hours ; and, observing no improvement, but rather a gradual diminution in the strength, I proposed delivery as a *dernier resort* ; rather to prevent its being said that the woman had died undelivered, than in the expectation of saving her life. The child was turned a little before 10 A. M. without difficulty, and was extracted without much increase of loss, but the woman did not long survive delivery.

### CASE CLIII.

#### *A Partial Placental Presentation.*

AT three A. M. August 20th, 1829, I was called to a private patient at Hoxton, who had for some weeks been the subject of slight attacks of hæmorrhage, which had generally ceased before I got to her house ; for which she had been confined to her room, and constantly to a reclined position, for the two preceding months. She had now arrived at nearly the completion of her reckoning, and had suffered another relapse at two this morning ; the violence of which had much alarmed her, but at the time of my visit, had not made any unfavourable impression upon her system. She had then a good pulse, and



a chearful countenance; some coloured discharge, with a disposition, now and then, to trifling pain. Upon a vaginal examination, I found the os uteri a little open and relaxing, and through it, I could feel a portion of the placenta, loosened from its previous attachment to the back part of the os uteri, with the membranes running off from it anteriorly, and the head of the child above. Watching this lady with a degree of anxiety for some time, and finding a draining going on, yet not to any great extent, I perforated the membranes; after which a mere oozing of bloody serum continued. This discharge was kept up in a slight degree, and without much disadvantage or increase of pain, for some hours longer. But finding that there was no tendency to uterine action, and that the drain continued, I determined upon delivery; the child was therefore turned and extracted; and the placenta, naturally thrown off, was soon withdrawn. During the introduction of the hand, the hæmorrhage was greatly increased, and a quantity of coagulated blood, which had accumulated within the uterus, was evacuated upon the extrication of the child. After delivery, the uterus felt firm and well contracted, but the lady remained for some time in a low faintish state, from which she was gradually relieved. The infant at

first seemed to be lifeless, but upon recourse to the usual means of resuscitation, breathing commenced, and presently the child evinced sufficient signs of life and strength. The next day, the lady had so far recovered, as to be able to put the infant to the breast, and afterwards made an excellent nurse.

#### CASE CLIV.

##### *Expulsion of the Placenta before the Child.*

ABOUT half after six in the morning of April 29th, 1818, a messenger arrived at my house, sent by two medical gentlemen in attendance upon a lady at Upper Clapton, with a note to this purport. "We are in attendance upon Mrs. H. whose situation is involved in great uncertainty from a placental presentation; the bleeding is going on pretty actively, and we wish for your immediate opinion." On my arrival at the house of the lady about eight, I was told by one of the gentlemen, "that since the note was sent off, some strong expulsive pains had come on, which had expelled the placenta through the external parts before the head of the child, and that it was lying upon the bed. That before this occurrence, the hæmorrhage had been violent, yet not

to that extent as apparently to endanger the woman's life ; but that since the appearance of the placenta, the flooding had very much abated." During our conversation on this unusual occurrence, the gentleman more immediately in attendance, who, at my arrival was in the bed-room of his patient, came down stairs, and reported, " that the head was presenting at the brim of the pelvis, with a hand down by its side ; that there was no want of uterine action ; that the flooding had ceased ; and that his patient did not seem much exhausted." An appeal was now made to my opinion, as to the further management of the case ; to which I replied, " that as the flooding (the most dangerous symptom) had abated ; as the labour-pains continued active ; and especially as the woman's strength kept up, there did not appear to me an *immediate* necessity for a recourse to any means for hastening delivery ; watch your patient for a short time, and wait the result ; if the flooding should return, or if any dangerous symptom make its appearance, let us know.'" In about half an hour after this interview, the gentleman returned with a cheerful countenance, and stated, that the child was expelled without further loss of blood, and that his patient was promising to do extremely well. I therefore took my leave without seeing the lady.

In this case, the loss of blood had commenced the evening before, when the lady's regular attendant was summoned from a distance. After he had been some hours in the house, the flooding continuing, he called in a neighbouring gentleman of great respectability, who, seeing the dangerous situation of the patient, presently dispatched a messenger for me.

### CASE CLV.

#### *A similar Case.*

LATE in the evening of Thursday, May 7th, 1818, during a temporary absence from home, a message was delivered at my house, desiring me to see a woman in Wapping, who was said to be very ill, but of what disease, or in what state was not mentioned. After some conversation between my servant and the messenger, it was agreed, that I should visit this woman early the following morning. By seven o'clock on the Friday morning, a second message was sent to countermand the first, with the intimation "that the woman was better, and was doing well." A few days afterwards, I accidentally met the medical gentleman, who had sent the above

verbal message, and enquired the nature of the case, upon which he wished to have my opinion a few nights before. To which he replied, "it was the strangest case I ever saw ; it was a placenta presentation with a most violent flooding ; but *I got it away.*" Got what away ? said I : "Why the *placenta*," answered he." What, before the child ? asked I : " Yes, before the child, said he, and the flooding ceased, and the woman did well ; the child soon followed the after-birth."

A similar case occurred some years ago to a respectable friend in the country, the following particulars of which were transmitted to me at the time.

"He was called to a woman in labour, who had been suffering under uterine hæmorrhage at intervals, for three days previously. For some hours before his visit, the discharge had been more copious than on the former occasions ; yet it had not produced any very alarming symptoms ; the countenance was indeed pallid, but the pulse or head was not much affected. The bed was not much soiled, and the quantity of cloths used, did not appear very large. My friend, however, was much surprized to find, on a vaginal examination, that the placenta was entirely separated, and thrown down into the vagina, with the



head lying at the brim of the pelvis, under regular labour-pains. Not daring to entrust the expulsion of the child to uterine action, especially as the present situation of the head rendered it extremely doubtful how long the labour might continue, he determined to deliver the woman without delay by turning the child. The introduction of the hand forced the placenta completely out of the vagina; and my friend stated, ‘that he had now a delivery to complete in which neither placenta nor membranes were implicated, a circumstance which never happened to him before.’ The extraction of the child was made cautiously and slowly; the uterus contracted well; and there was but little additional loss during the operation. The woman was afterwards left in a favourable state, and recovered well.”

### CASE CLVI.

#### *Another Case of Expulsion of the Placenta before the Child.*

AT nine A. M. Saturday, January 27th, 1821, one of the midwives of the charity wrote to inform me, “that Mrs. B. Nightingale Lane, East Smithfield, had a very great flooding with a discharge of *clod-*

*ders* ; that she was very faint, but had no proper labour ; and was at her full time of her third child." On examination, the membranes appeared to me to have already given away ; I could feel the breech of the child with a hand by its side ; I therefore was satisfied, that the placenta was not over the os uteri. As the discharge had then abated, I did not interfere. I visited this woman again the same evening ; she had had no return of flooding, and there appeared no further disposition to labour ; I therefore left her to the care of the midwife, enjoining a strict superintendence. At nine A. M. Monday 29th, the midwife wrote to say, " that there was still no labour ; no flooding ; that the woman was better ; and asking for some opening medicine." At two P. M. the same day, she again wrote to beg my immediate assistance, " as the placenta was come suddenly into the world, and the hand presented." I hastened to the address, and found the woman already delivered by the natural pains of a seven month's child, in a putrid state, which had passed by the breech with an arm along its side. The pains came on rapidly ; threw out the placenta without flooding ; and in a short time, expelled the child. The woman appeared to have suffered little, and the next day seemed as well as after any common labour.

Two other cases have been lately mentioned to me by respectable practitioners, in both of which flooding took place at the commencement of labour ; in both, the placenta came before the child ; and in both, the flooding either entirely ceased, or was much lessened on that event.

This practical inference may therefore be justly deduced from the above facts, at which I have already hinted :\* “ that less danger attends an entire but *natural* detachment of the placenta in these cases, than is consequent upon a partial separation of that mass ;” and, “ that the expulsion of the child may afterwards be safely entrusted to the natural powers without further interference.” The safety of the woman is probably ensured partly by the constriction of the diameter of the uterine vessels, as a consequence of that strong contraction, which suddenly opens the os uteri, and loosens the placenta ; and partly by the mechanical pressure of the head against their orifices, after its escape. Whereas, under a partial separation of the placenta, every returning pain produces an increase of the detached portion, with its alarming consequences.

Yet I fear, that little advantage, farther than that

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\* Vide page 191.

which the above inference establishes, can be derived from the preceding cases. It would be the extreme of hardihood in any practitioner, to attempt the artificial separation of this foetal appendage, in imitation of its natural expulsion. Without the assistance of strong uterine action, that act would in all probability induce such a sudden and violent increase of the hæmorrhage, as would shortly terminate the woman's life; even in spite of the immediate introduction of the hand to turn the child.

#### CASE CLVII.\*

##### *A Breech Presentation in a confined Pelvis, with a Hand down by its Side.*

ABOUT two in the morning of Friday, May 21st, 1819, I was called to the assistance of the wife of a tradesman in the parish of St. Luke, Old Street, who was represented by her husband to be suffering under a very difficult case of labour with two medical gentlemen in attendance, and to be in a state of great danger. I was told, that the woman had been

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\* This case was accidentally omitted in its proper place at page 35, and ought to have been numbered case XCV.

in lingering labour all the day preceding with a hand down in the vagina ; that the liquor amnii had been discharged many hours ; and that an unsuccessful attempt had been made to turn the child, under the impression, that the shoulder was lying at the brim of the pelvis. After this unsuccessful attempt to introduce the hand, the gentleman who had the original charge of the case, called in a neighbouring friend ; but he, not choosing to interfere, had the husband dispatched to my house.

Upon making a correct examination, I found the breech above the brim of the pelvis, with the arm by its side, and the hand low down in the vagina ; at the same time, the pelvis appeared to me deficient in room at the brim, although the woman had borne several children under lingering labours ; and some of them living. The labour-pains were strong and frequent ; and her strength seemed little impaired ; yet she expressed considerable apprehensions for her own safety. My first determination was to push the protruded arm above the breech, as well for the sake of room, as for any other ulterior object ; and I effected this part of my intention without much trouble. While my hand was in the uterus, I seized a foot, which I brought down ; the breech, body, and shoulders presently followed ; but the head



would not pass entire. After using such a degree of force to bring it through the brim, as I thought consistent with the welfare of the woman, without success, I had recourse to perforation at the lower part of the occipital bone; then fixing a blunt hook in the opening, I was enabled thereby to extract the head. After waiting a length of time for the placenta, and not finding any descent, I felt obliged to introduce my hand for its removal, and had the mortification of discovering, that it was completely adherent to the uterine surface, from which it was with some difficulty separated. The woman recovered without the intervention of any bad symptom.

On Friday evening, September 28th, 1821, I was again called to this woman under a lingering but natural labour attended by another professional man. She had been in labour many hours; the belly was extremely tender; she had a bad countenance; and the head of the child was entirely above the brim of the pelvis. Knowing from the former case, that the pelvis was not well formed, I had presently recourse to perforation and extraction. She had afterwards some slight abdominal symptoms, which were relieved by free purging.

About the middle of the day of Thursday, September 18th, 1823, I delivered this woman a third

time by the perforation of the head. The membranes had given way on the Friday preceding, and the pains had commenced on the Monday ; from this time, they had regularly improved, without producing any descent of the head. The woman recovered well from this confinement.

### CASE CLVIII.\*

*A Breech Case apparently changed through Mismanagement to a Shoulder Presentation.*

ONE Monday evening in December, 1817, a note was sent to me requesting me to accompany the bearer thereof to a tedious and difficult case of labour. I saw the patient about nine in the evening, and on an examination, I distinctly detected (as I at the time supposed) the breech at the brim of the pelvis ; but the os uteri was imperfectly dilated. I could pass my finger into an opening, which I could make out to be nothing else than the *anus* ; and I could carry the finger around a softish body, which I considered to be the nates. If *I did* make a mistake as to the presentation, it must have been a strange

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\* This case was also omitted at page 41, and should have been numbered case XCIX.

occurrence indeed. Under this state of things, I did not think it necessary to interfere, and therefore desired the attendants patiently to await, for some hours to come, the result of uterine action.

About half after two on the Tuesday morning, little more than five hours after I had left the woman, I had a second note from the same parties "requesting my immediate attendance provided with the necessary instruments for mutilating the child; as there did not appear room to introduce the hand to get hold of the feet; the case being a shoulder-presentation; or rather, the arm having come down." At this second visit, about three A. M., I found a hand hanging out of the external parts, the arm in the vagina, the shoulder with part of the chest blocking up the brim of the pelvis, and the uterus contracted upon the body of the child. With some difficulty, I passed my hand along the fore part of the pelvis, and meeting with a foot I brought it down; then pushing the shoulder and chest out of the way, while at the same time I made traction downwards, after some trouble, I brought down the breech, and finished the delivery. After delivery, the poor woman appeared much exhausted, and presently she had a severe rigor. She continued through the day of Tuesday in a low languishing

state, and gradually declining, she died before the Wednesday morning, without the appearance of any abdominal symptoms.

If the breech did originally present in this instance, (and surely on that point I could not be mistaken,) how came the shoulder at the brim of the pelvis afterwards? Such a change of position could not have been produced without manual interference, although such interference was denied. But I suspect, that after announcing the presentation to be the breech, the party attending, desirous of terminating the labour, passed his hand with the intention of bringing down a leg; but meeting with a hand, which he mistakes for a foot, he drags it down. Now what must be the consequence of such an act? the breech, not having entered the pelvis, would be displaced from its situation, by the shoulder and chest; and the uterus, stimulated to increased action, by the presence of the hand, would wedge those parts in the pelvic brim, from which they were with difficulty displaced.

ON

## PARTURIENT CONVULSIONS.



IN the variety of afflictive occurrences, to which the latter stages of pregnancy and the act of parturition are especially liable, there is no one so terrific in appearance, as an attack of convulsions. Other affections may perhaps be equally dangerous to life, but they are divested of that horror which convulsions occasion ; and their unfavourable symptoms glide on so gradually and almost imperceptibly, as, for a time, to excite little or no uneasiness. Whereas, convulsions assail a woman suddenly, and their effects become obviously and alarmingly visible. Let the woman move in whatever rank or condition of life she may, dismay and confusion instantly pervade the house ; indeed, every individual within the scope of the calamity, becomes anxiously interested in the event.

The attack of the paroxysm is sometimes preceded by symptoms of cerebral disorder ; the woman



complaining of pain, or of a sense of weight in the head ; of giddiness ; of ringing in the ears ; of the appearance of flashes before the eyes, or of partial defect in vision. At other times, and perhaps more frequently, these premonitory indications are absent ; the paroxysm comes on instantaneously without any previous warning ; the woman merely giving a shriek, or uttering some vehement exclamation immediately before the seizure. But whether there may have been antecedent forebodings of the attack, or whether it may have occurred without previous notice, the subsequent appearances and symptoms exhibit considerable similarity and uniformity.

The woman instantly becomes unconscious of any impression from surrounding objects ; and, if she should happen to be at the moment in an erect, or in a sitting posture, she falls to the ground in a state of total insensibility. The different muscles assume a state of irregular contraction, so that the trunk and extremities are violently and involuntarily agitated. The countenance becomes dreadfully contorted ; the face appears swollen, with a flushed or livid hue ; the eyes start in their sockets, and, although usually wide open, seem devoid of perception ; the eye-balls are occasionally inverted, to that extent indeed that little more than the white of the eye is visible ; and

by their involuntary motion exhibit a hideous aspect. The mouth is sometimes open ; more frequently the jaws are so completely closed, that the teeth are with difficulty separated ; the tongue is occasionally caught between the teeth, and is sometimes miserably lacerated. The act of respiration is irregular. At one time, it is almost suspended ; at another, it is resumed under considerable heaving of the chest, and at each expiration, a frothy mucus is ejected from the mouth, with a hissing or rattling noise. If the tongue be wounded, that mucus is mixed with more or less blood, the appearance of which excites increased anxiety in the attendants. The heart throbs, and seems to be unequal to the performance of its usual functions ; the pulsation of the carotids becomes visible and violent ; the superficial veins of the neck and temples are unusually distended ; and the pulse at the wrist (for a time at least), beats full and slow.

The above terrific appearances are not of long duration ; and it is some consolation to know, that the patient is not conscious of suffering. After the lapse of a minute or two, the irregular movements of the trunk and extremities gradually subside, and are by and bye suspended altogether ; the countenance assumes a more natural and placid aspect ; the

eye-lids close; respiration becomes more regular; the balance of the vascular circulation is in some degree restored; and a truce, (from the foregoing frightful symptoms at least,) is for a time obtained, by their spontaneous cessation. But this favourable state is not destined to be of long duration. A repetition of the phenomena, only variable as to the time of return in different cases, again occurs in a similar paroxysm, and probably with increased violence. After this has exhausted itself, an interval of relief once more ensues. Another paroxysm succeeds at about an equal distance of time, which is followed by another truce. Thus do paroxysms and intervals alternate at nearly regular periods, until permanent relief is procured by means of art, or until the powers of the system are worn out by the numerous repetitions.

The symptoms, during the intervals of the paroxysms, are in different cases extremely variable. There is sometimes a partial return of sensibility, so that the patient recognizes the objects around her; yet she has no consciousness, or recollection, of the scene which has so recently passed. She seems perfectly aware, that something extraordinary has happened, yet is unable to describe its nature, or tendency. She stares at her attendants with a vacant

expression of eye, and asks incoherent questions. At other times, the interval is occupied by a state of comatose insensibility, or of apoplectic stertor, with a dilated or contracted pupil. The patient either lies quiet, unsusceptible of external impressions ; or her arms and trunk are thrown about in almost incessant motion. But whether there is a partial return of sensibility, or whether a state of coma prevails, a return of the paroxysms may be expected, unless averted by judicious and active means.

A paroxysm of parturient convulsions very much resembles an epileptic seizure ; but the similarity only extends to external appearances. The attack is equally sudden in both instances, and similar convulsive movements occur in each ; but I am not aware, that the former is ever preceded by those foreboding sensations, which have been termed the *epileptic aura*. Notwithstanding the apparent similarity of symptoms, the two diseases differ essentially in their nature. Epilepsy\* is usually a disease of childhood ; although it may be protracted to adult age, but it is not limited to sex. Parturient con-

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\* Dr. Cooke in his learned Dissertation on Epilepsy, defines it to be “ a disease consisting of paroxysms of convulsions returning at uncertain intervals, accompanied by an abolition of sense and voluntary motion, and ending in somnolency, or complete sleep.”

vulsions form an affection of adult age, which always occur under a peculiar condition of the female system. Epilepsy is a chronic disease, the fits of which return after long and irregular intervals ; it rarely proves fatal, unless produced by organic derangement within the head. The paroxysms of parturient convulsions succeed each other rapidly, and terminate favourably, or fatally, within a short space of time.

When a state of coma and stertorous breathing prevails, the disease assumes the semblance of apoplexy ; but an attack of apoplexy is rarely accompanied by convulsions.

This alarming affection is not confined to any particular class of women. The rich and the poor, the industrious and the indolent, seem equally amenable to its morbid influence ; nor have I observed, that any peculiarity of constitution predisposes to an attack ; yet, among numbers, it will perhaps be found, that the majority of women had previously enjoyed good health ; and were disposed to somnolency as well as to corpulency. I have also not been able to obtain satisfactory evidence (from my own personal observation at least) that a convulsive seizure could be induced by domestic affliction, or mental anxiety ; but I have repeatedly remarked, among the numerous patients of the Royal Maternity Charity, as



well as among others to which I have been accidentally called, that several cases have occurred soon after each other. Whether this fact ought to be attributed to mere chance, or to the agency of some general influence upon the female system, I must leave to others to determine in future; but I am inclined to suspect, that it may be ascribed to the latter principle. And here I may be allowed to observe, that I have witnessed the occurrence of several cases during warm weather; at a time when the clouds have been charged with electric fluid; when atmospheric appearances have threatened a thunder-storm; and when, perhaps, they have ended in one.

The whole train of symptoms evinces considerable derangement in the functions of the brain and nervous system; yet after death, correspondent marks of organic mischief within the head are seldom met with. The different anatomical enquiries, at which I have been present, have not disclosed such regular appearances, as to sanction the uniform deduction, that the brain was the principal seat of disease. I suspect, that in many instances, that important organ is no otherwise implicated, than through the medium of sympathetic irritation; because, upon a very minute investigation after death, little or no

change in cerebral structure has been detected. What the degree of morbid irritation necessary to produce a convulsive attack may be, in what cause it may originate, or in what mode it may operate, may perhaps be impossible to determine; but it seems evident, that considerable irregularity prevails in the current of the circulation through the brain, and especially through its meninges. In some cases, the blood-vessels of the pia mater have been found visibly surcharged; while those supplying the medullary and cortical part of the brain, have appeared almost bloodless. In others, a breach of vascular structure within the head has been detected; for effused blood has been now and then met with in the ventricles, partly in a fluid, partly in a coagulated state; yet such an occurrence is rare.

The most minute inspection of the uterus and of its appendages, has furnished no additional elucidation of this intricate subject. Whether that viscus has been examined under the retention of its contents, or after their expulsion, it has exhibited appearances similar to those met with in the most common cases before, or after labour.

The state of comparative ignorance, then, in which this subject is physiologically enveloped, has given rise to many conflicting opinions respecting

its origin and nature. And it would be little less than perfect presumption in me, upon the scanty data in my possession, to suppose, that any observations of mine would place them on a more solid basis. Yet the exciting cause must be some way or other connected with gravidity, and is probably brought into action by some casual occurrence; but what that cause is, or how it produces its baneful effects, I have yet to learn. These effects, however, are sufficiently obvious in the general symptoms; and with them we have to contend.

Convulsions may occur in the two last months of pregnancy previous to any indication of labour; they may occur after the establishment of labour, and during its subsequent stages; or when the act of parturition is entirely completed. Under whatever state an attack does take place, it is replete with the utmost danger to the mother; and, previous to labour, to the infant also. Although, in many cases, the symptoms do yield to medical treatment, in some few, they prove so intractable, as to proceed unremittingly to the destruction of the patient. If parturient convulsions be allowed to run their natural course without interference, they have an uniform tendency to a fatal result; and even, if the means of relief be not duly enforced, and within a

short space of time after their commencement, the chance of a successful issue becomes proportionally diminished. When, therefore, such cases are neglected or overlooked at the onset, the symptoms gradually acquire increased violence, and become more and more difficult to subdue. For, by the continued repetition of the paroxysms, the powers of life suffer a proportionate diminution; they become the less able to counteract the effects of the necessary treatment, or to contend with the subsequent symptoms.

Yet under even the most unfavourable appearances at a first glance, a case ought not to be considered so entirely hopeless, as to induce the neglect of appropriate means of relief. We occasionally witness the fortunate result of well-directed efforts, in an unexpected recovery from the most formidable symptoms. But when such efforts afford no palliation of the paroxysms, there is reason to infer, that some cerebral mischief has taken place, which does not admit of removal or reparation. I have not, however, been enabled hitherto to notice any regular symptom, as the uniform evidence of this fact.

The incompetency of the natural powers to prevent a return of the paroxysms, or to control their tendency to the destruction of life, renders a reli-

ance upon them nugatory and useless ; ignorance or prejudice can alone foster such expectations. It does indeed sometimes happen, that the child is expelled during a paroxysm, and that a cessation of symptoms ensues ; but this favourable result is so uncommon, that it can seldom with propriety be relied upon. At the commencement of every case therefore, or as soon as possible afterwards, recourse ought to be had to such active modes of relief as shall be hereafter detailed, and as the symptoms may demand ; for I feel strongly persuaded, that a woman can rarely be rescued from that impending danger, with which she is so peremptorily threatened, except by the timely and judicious use of appropriate means of art.

Although the life of the mother may fortunately be preserved, that of the babe is too frequently lost. Whether naturally expelled, or artificially extracted, the infant is usually still-born. The death of the child may possibly be the consequence of that shock, which the uterine contents receive under the paroxysms ; I suspect that it rarely precedes them. Yet the destruction of the infant is not a necessary and absolute consequence. The babe sometimes (although rarely) survives a convulsive attack, and is born alive.



ON

## CONVULSIONS PREVIOUS TO LABOUR.



FOR some days preceding the attack, the woman frequently experiences some of those unpleasant feelings which have been already mentioned. She is occasionally assailed with shooting pains through the head ; or she complains of a heavy dull sensation therein ; of giddiness, especially on stooping forward ; of incorrectness of vision ; of ringing in the ears ; or of other symptoms indicative of a tendency to cerebral affection. In a few instances, the muscles moving the head seem to refuse their ordinary support, so that it feels unusually heavy on the shoulders. With these symptoms, there are also a constipated state of bowels, a slow full pulse, a tendency to drowsiness, and the absence of refreshing sleep.

If such premonitions of approaching mischief be neglected ; if some decisive means be not taken to obviate the probable consequences, a sudden attack of convulsions need not excite surprise. It may occur at any period of the twenty-four hours, and in any situation of the patient ; but perhaps it more

frequently assails her in the night, either during apparent sleep, or upon awaking out of sleep. Of the mode of seizure, or of her feelings under it, she is entirely unconscious, either at the present moment, or in future ; and the first intimation thereof is commonly given to some one near her person, in the involuntary agitations of the different muscles, and in her insensibility to external objects.

But it also not unusually happens, that the attack is not preceded by any warnings ; the woman then appears to enjoy her usual health to the commencement of the paroxysm. Nor is an attack confined to a first pregnancy ; women with large families are equally, or perhaps more liable to be assailed.

The paroxysm soon runs its course under the symptoms already described, and is succeeded by a state of comparative quiet. This is presently followed by a second paroxysm with appearances similar to those of the preceding one. Its return, however, is sometimes indicated by an irregularity of action in the facial muscles ; by some external expression of general uneasiness ; or by an obvious diminution in the number of arterial pulsations. A second truce ensues ; and afterwards, (unless prevented by medical management) there is a regular recurrence of alternate paroxysms and intervals.

At the onset of an attack, any marks of approaching labour can rarely be detected, either by a vaginal examination, or by external indications. After there have been numerous repetitions of the fits, however, that process is commonly established by natural agency, and sometimes proceeds onwards with considerable celerity. Its advance is then more particularly obvious during the continuance of the paroxysm, which is apt to recur at the commencement of uterine action. Yet it seldom happens, that a convulsive movement is induced at every return of contraction. Several pains will commonly intervene within the space of each interval; during which, the regular moans expressive of the presence of uterine action escape the patient; under the violence of the paroxysm, they are overwhelmed in the general disturbance.

At the very onset of a convulsive attack, or with as little delay as possible, an attempt should be made to check its recurrence by a free and copious loss of blood. Let the patient lose from the arm, and from a very free orifice, twenty, twenty-four, or thirty ounces of blood at once; keeping in mind, that the quantity to be taken away must bear a relative proportion to the presumed ability of the woman to sustain the loss. It is, perhaps, impossible to fix

the precise and definite proportion of blood which ought to be taken away in every case ; yet it ought always to be to that extent, as to make an obvious impression upon the general circulation. To produce that effect, a less quantity than that first named will seldom suffice ; most women bear it not only without inconvenience, but with evident advantage.

I beg here, however, to offer one caution, (which is intended for those members of the profession who have not seen much practice,) to look to the mode in which the blood flows. If it should not escape freely, and in a full current from the orifice ; if it merely trickle down the arm, the operation has failed, and any expectation of benefit therefrom will be disappointed. Even should the current be free, and the orifice scanty, little good can be expected to follow. Under such circumstances, since the chance of relief is entirely dependent upon the sudden abstraction of blood, another vein should be immediately, and effectually opened in a fresh part. Should this act be omitted, it would perhaps have fared better with the patient, that the operation should have been entirely withheld, than thus fruitlessly attempted.

Considerable difficulties are sometimes met with in the performance of the operation. Exclusive of the

uncertainty of meeting with a proper vein, the surgeon has to contend with that involuntary restlessness, and insensibility which is inseparable from the paroxysm. But a knowledge of that fact ought only to excite an increased degree of care in the management of the lancet. If the veins in the arm should not offer the prospect of a quick abstraction of blood, some superficial artery, the temporal, for instance, may be opened at once. Indeed I see little objection to the occasional performance of the latter operation in aid of the former, except in its not being so common.

Having satisfactorily obtained a sufficient quantity of blood, the free evacuation of the intestinal canal must be the next object of attention. A full dose of calomel, ten to fifteen grains, may be immediately exhibited, and followed by saline or drastic purgatives. But if a state of stupor and insensibility should prevail during the intervals, it will be totally impracticable to get down any efficient quantity of opening medicine. The calomel, mixed with a proper proportion of sugar may then be placed upon the tongue, running the chance of its reaching the stomach; the occasional injection of purgative clysters may also be had recourse to. Croton oil may possibly prove a ready and useful purgative;



but of its effects, I cannot speak from personal experience.

It will presently be perceptible, whether the means above-mentioned have produced any beneficial effect, either in prolonging the interval ; in the mitigation of any of the symptoms ; or in the prevention of a return. Should they fail in these desirable objects, blood-letting must be repeated in a similar or smaller quantity, as the strength of the patient may seem able to bear. A third, or even a fourth bleeding may become necessary ; for in these cases, a larger quantity of blood may be abstracted, not only with safety, and with less present or future inconvenience ; but also with greater subsequent advantage, than in most other complaints.

But it must be evident, that the abstraction of blood should be confined within some bounds. If after the loss of fifty or sixty ounces of blood, no impression should be made upon the strength or duration of the paroxysms, a repetition of the operation, at the present at least, cannot be permitted.

We generally find, however, that after pursuing this active practice, the paroxysms become less violent ; and that by and bye, they entirely subside. The woman afterwards gets some sleep, from which she awakes considerably refreshed. Yet, she gene-

rally shows some confusion of mind ; complains of pain in her head ; has a vacant stare of eye ; and makes a variety of enquiries respecting the past scenes.

When the result proves thus satisfactory, the convulsions seldom return ; but the woman rarely completes her full period of gestation. The process of labour commonly commences within the space of a few days ; sometimes within that of twenty-four hours. Its progress is as regular, and natural, as if no previous derangement had taken place ; but the child is too frequently still-born, and occasionally shews marks of approaching putrefaction. After delivery, the mother has merely to encounter the usual occurrences subsequent to labour ; and recovers as quickly, and as perfectly, as after any common case. I have not observed that an attack of convulsions before labour leaves any unfavourable impression upon the constitution ; either by inducing a disposition to any peculiar malady, or to a return of the affection at a future confinement.

If it should be found, that the practice above recommended, produces within a short time, no palliation of the symptoms, relief must be sought without much delay in delivery ; especially, if the process of labour has obviously commenced. It is presumed,

that the convulsive paroxysms are some way or other connected with the state of pregnancy ; if therefore, those means fail, the labour must be terminated by art, whatever may prove to be the result. When the os uteri is so far dilated, as to admit the easy introduction of the hand ; or when it is in a state to permit a ready extension thereby ; the hand must be passed into the uterus, the feet engrasped and brought down, after which the labour may be completed at pleasure. But before recourse is had to turning the child, there ought to be a satisfactory conviction in the mind, that the state of parts will allow the act to be accomplished easily, readily, and without the infliction of injury. Should the attempt be made at all hazards, without reference to vaginal or uterine relaxation, it might either be entirely foiled, or effected under such violence, as greatly to enhance the risk of danger. In this, as in every other case, in which a recourse to artificial delivery becomes absolutely indispensable, the operation must be considered in no other light, than as entirely subservient to the present safety, and future welfare of the patient.

ON

## CONVULSIONS DURING LABOUR.



THE paroxysm is rarely preceded by symptoms sufficiently strong, and indicative of its approach, as to lead to proper means of prevention ; yet sometimes, such unusual appearances are met with, as ought to attract the attention thereto.

A convulsion-fit may assail a woman under any stage of labour ; but it is more apt to occur under those changes which the os uteri undergoes during its dilatation, especially when they are effected in a lingering painful manner. It commences under a pain ; while the uterus is contracting powerfully upon its contents ; and very frequently after the rupture of the membranes. The common expressions, indicative of the presence of uterine action instantly cease ; and their place is supplied by those attendant upon the paroxysm. After the violence of the fit is exhausted, a cessation of the more urgent symptoms ensues ; and there are usually several repetitions of pain, with regular intervals, before a second recurrence takes place ; yet without the concomitant expressions. The presence of ute-

rine contraction is then detected by the temporary alteration in the countenance, and the peculiarity of manner ; but with greater certainty, by the state of the os uteri at the moment.

The seizure is generally unexpected and sudden ; instantly exciting the greatest alarm. It happens at a time, perhaps, when the labour appears to be going on favourably, and to promise a happy termination. But this astounding occurrence at once intervenes to cloud the brightness of the prospect, and to blight all antecedent hopes. Yet sometimes, the woman previously exhibits an unusual degree of anxiety and restlessness, with a constant inclination to a change of posture ; and she may even throw out an occasional expression of some foreboding mischief. The pains, generally severe for the period of the labour, are borne with great impatience ; the os uteri does not give way kindly, and feels to the finger, hot and devoid of moisture. There are also redness of the face, suffusion of the eyes, and pain in the head. Yet these and similar symptoms are frequently met with, as a consequence of long-continued exertion, without any bad consequences ensuing therefrom. But when they continue for a length of time to an unusual extent, their probable effects ought, by a prudent foresight, to be anticipated and averted.



I think that it will frequently be found, that a first labour is more liable, during its progress, to this distressing occurrence, than subsequent ones.

Upon the attack of a convulsive paroxysm under such circumstances, or indeed upon the appearance of such threatening symptoms as may warrant the practice, a quantity of blood proportionate to the strength and condition of the patient must be immediately withdrawn from the arm, and generally without reference to the stage of the labour; unless, indeed, the child should appear to be very near expulsion. It must afterwards become a matter of serious deliberation, whether the bleeding should be repeated, at what time, and to what extent; and whether the completion of the case may be safely entrusted to the natural agents; or whether a recourse should be had to mechanical means for expediting its termination.

In determining such practical questions, the length of time which has elapsed since the commencement of the labour; the effects which are already induced upon the system by its continuance; the degree of progress it has made at the time; the state of the os uteri, vagina, and external parts; the facility or difficulty with which instrumental assistance may probably be applied; must each and all be taken

into the account ; and from the combined inferences thence derived, must the judgment and the conduct be at the moment regulated.

When convulsions make their appearance under the first stage of labour, before the head has got possession of the pelvis ; and when, in spite of one sufficient and effective bleeding, the paroxysms are repeated with undiminished violence as well as at equal intervals, recourse must be had to a second operation without much loss of time. In case satisfactory relief is not thereby in a short time procured, we may possibly be justified in resorting to a third, and even occasionally to a fourth operation, at no long intervals, but in diminished quantity. If it should still turn out, that these repeated bleedings have made no impression upon the strength and duration of the paroxysms, this plan cannot be safely persevered in ; some other must be substituted in its stead. The only expedient upon which any reliance can then be satisfactorily placed is an early delivery.

The mode of effecting that object must depend upon the circumstances of each particular case ; which will point out whether the child can be turned, whether the perforation of the head and subsequent extraction be advisable, or whether the forceps can

be satisfactorily applied. The previous abstraction of blood generally induces an increased relaxation of the internal parts, which enables the operator to apply his means with greater effect. At any rate, considerable relaxation must be present, before delivery by any of the above modes can with propriety be attempted.

If it be found that, by such practice, the returns of the paroxysms are fortunately checked, or even mitigated in their violence, there will be sufficient encouragement to refrain from immediate delivery ; to await, for a time at least, the result of the previous measures ; and eventually perhaps, to trust the completion of the labour to the natural agents.

When convulsions come on in the second stage of labour, under a full dilatation of the os uteri, with a considerable advance of the head down in the pelvis, the propriety of bleeding must be regulated by the state of the patient. If the labour shall have been already long protracted ; if the patient's powers be considerably diminished ; it will be prudent in the first instance to have recourse to the forceps with the intention of hastening delivery ; since it is probable, that the convulsions may be connected with the continuance of the labour, and with the general irritation thereby produced. Otherwise, a liberal

bleeding should always precede the application of instrumental means.

It is by no means an uncommon occurrence, towards the close of a first, and protracted labour, for a woman to shew a high degree of nervous excitement, almost approaching to a convulsive paroxysm, which is manifested in a general agitation of the whole frame on the access, and during the presence of uterine contraction ; but which disappears upon its cessation. This state is perhaps partly dependent upon the constitutional irritation induced by the long continuance of the uterine efforts ; and partly, upon the severity of pain arising from the extension of the vagina and external parts, as a consequence of the pressure of the head under its egress. It is very different in its nature, however severe, from true parturient convulsions, as well as in the danger attached to it.

This affection is sometimes preceded by, or accompanied with considerable pain in the head, rigors, heat upon the skin, quickness of pulse, and other symptoms indicative of considerable excitement ; yet, in their combined state, they fall far short of those appearances which constitute a convulsive paroxysm. When severe, however, they excite great alarm, but are seldom followed by any serious consequences.

As the labour is usually well advanced before these symptoms are elicited, the child is soon expelled by the natural efforts, without the necessity of any interference. But should there be a prospect of much longer protraction, it may become prudent to forward the advance, and exit of the head, by instrumental assistance. After delivery, the unpleasant symptoms soon disappear, and rarely leave any impression, or traces of their former presence, except perhaps, some trifling affection of the head.



ON

## CONVULSIONS SUBSEQUENT TO LABOUR.



CONVULSIONS occasionally succeed the entire completion of labour. Even when a case has terminated naturally, and perhaps without much extraordinary effort, a woman shall be suddenly seized with a convulsion-fit after delivery.

The occurrence is at this time probably connected with some injury inflicted upon the brain and nervous system during the labour; of what description it may be difficult to determine. In some cases, breach of vascular structure has been detected after death, with sanguineous extravasation; in others, little alteration has been found in the cerebral appearances. If the duration and violence of those exertions which some women are obliged to undergo during the expulsion of a child be impartially considered, no surprize ought to be excited at the occurrence of occasional mischief, within an organ of such delicate mechanism, as the brain. It ought rather to be matter of astonishment, that such consequences should not be more frequent. Yet, as far as my own observation has extended, I have not re-

marked, that convulsions have made their appearance more frequently after a lingering or difficult labour, than after an easy natural one. They may therefore originate in some obscure principle, not readily developed. In some few instances I have seen a convulsion-fit follow a sudden loss of blood.

The attack is usually made within the space of two hours after delivery, yet it is by no means limited to this short time. Its first indications are exhibited in the convulsive movements of the muscles of the face and extremities. The paroxysm then proceeds in the manner already described, and is followed by an interval of quiet, during which, the state of the woman is variable; but most frequently she appears comatose, and void of sensibility. After an uncertain period, another paroxysm supervenes with symptoms similar to those of the preceding one, which, having exhausted itself, terminates in another truce. It rarely happens, that a convulsion-fit is at this time solitary, except in those instances in which it has been preceded by hæmorrhage; or, that the paroxysms do not proceed onward to the destruction of life, unless they can be checked by medical interference.

Upon a general average of cases, I think it will be found, that convulsions after delivery are more

intractable, and prove more frequently fatal, than when they occur previous to, or during labour. I have remarked, that when they come on under either of the latter states, and *continue after delivery*, whether it may have been effected naturally, or hastened by art, they generally prove destructive to the patient. But that if they be checked by delivery, they seldom return afterwards; a quiet sleep presently succeeds, which is usually the first, and most favourable harbinger of subsequent recovery.

This increase of danger may probably be ascribed in many instances to the cause above alluded to; yet the nature or extent of that mischief cannot be positively detected during life: the one or the other becomes therefore mere matter of speculative suspicion. If a breach of vascular structure should have taken place within the head, the inability of Nature, or of art to repair the injury, must tend to produce a fatal termination. But as great uncertainty must unquestionably exist on that point, no delay should be permitted; recourse should be immediately had to such means as appear the most likely to counteract the baneful tendency of the symptoms.

The first and most essential step then to be taken is, a sudden abstraction of a quantity of blood, either from the arm, from the temporal artery, or perhaps

from both. In order to make this loss the more effective, a vein may be opened in each arm, and the blood be allowed to flow from each orifice at the same time. Some interval must afterwards be allowed to elapse, that the effects of that act may be properly appreciated; during which, if the woman can be made to swallow, some active purgative should be exhibited; or a recourse should be had to the repeated injection of clysters of that description.

If, by the above means, a return of the paroxysms should happily be prevented, any further activity, for the present at least, will not be necessary; even if their violence be diminished, a further lapse of time must be allowed to await the consequences. But if the convulsions should continue, a repetition of the bleeding will become requisite; even a third or a fourth repetition may be occasionally called for. I may here, however, be allowed to remark, that if no favourable appearances ensue after one or two liberal bleedings, the case seldom turns out well.

The exhibition of opiates, or of stimulants in these alarming cases is justly exploded. But after free evacuations, the injection of an enema composed of a proper quantity of opiate, with a solution of asafoetida or oil of turpentine, has, in some cases, seemed to me to be beneficial.

After the relief or cessation of the paroxysms, the patient commonly continues in a state devoid of sensibility for some time, which at length terminates in sleep; sometimes refreshing, at others attended by apoplectic snoring. The woman afterwards complains of a deep-seated pain in the head, which continues for some days, and seems to be relieved by active purgatives. Variable symptoms afterwards follow, which gradually subside under due regulation of the body, and regimen. It rarely happens, when the paroxysms have been intercepted, and sleep has been obtained, that a return ensues; or that any impression, unfavourable to the future health, is left behind.

### CASE CLIX.

*Convulsions before Labour from an Injury to the Head. Fatal.*

IN the beginning of January, 1809, a strong healthy woman, æt. 39, then about six months advanced in pregnancy of her fifteenth child, accidentally fell into the area of a house, and received an injury upon her head, which rendered her insensible for some time, and for three or four days, confined her within doors. She afterwards complained of giddiness and



pain in the head, especially in the night time. On the evening of the 16th February, she was suddenly seized with convulsions, which were afterwards relieved by copious bleedings and evacuations; but which left behind a paralytic affection of the muscles of the right eye and eyelid. On the morning of March 14th, upon using some slight exertion, she was again attacked in a similar manner, and died within the space of two hours, without the appearance of any symptom of labour.

The brain was carefully examined in my presence the following day, and marks of much mischief were exhibited in that delicate organ. The vessels upon its fore-part were highly turgid, especially those on the right side. A quantity of extravasated blood was found between the dura and pia mater, as well as upon the orbital process under the right lobe; and in both ventricles. Its cortical structure was of a much darker colour than is usually met with. The uterus, with the child within it, was in a natural healthy state, and showed none of the anterior preparations for labour.

## CASE CLX.

*Convulsions between the Sixth and Seventh Months of Pregnancy. Fatal.*

AT three, A. M. Tuesday, May 19th, 1812, my opinion was requested upon the case of a lady, a few miles from town, under convulsions in her fifth pregnancy. I met her medical attendant, from whom I had the following facts:—

“About six in the evening, his patient had been suddenly seized with a pain in the head, which was presently followed by a strong convulsion-fit. He was immediately called, and upon his arrival he took away a small quantity of blood. Notwithstanding, the convulsions continued to return at short intervals, and after some time, he found that uterine action was established, by which a fœtus and secundines were expelled about an hour before my arrival, during one of the paroxysms.”

This lady was lying in an insensible state; with a quick pulse and stertorous respiration; but the paroxysms had ceased from the time, when the uterine contents had been expelled. I felt anxious that she should lose more blood; but the attempt to

obtain that object was foiled. A blister was substituted ; with purgatives and occasional clysters. When I left the house at seven in the morning, there were no symptoms of improvement. At ten, on Tuesday evening, little alteration had taken place ; she was nearly insensible to any external impression ; yet now and then answered a question pretty rationally ; the eye-lids were generally closed, and when opened, the pupil was much dilated, but it contracted a little on the application of light. Leeches had been applied to the temples during the afternoon, and opening medicine had been given. On the Wednesday morning, the bowels had been satisfactorily relieved ; the lady, however, did not seem better ; she had the apoplectic snore, with a quick weak pulse. Throughout the days of Thursday and Friday, she continued in nearly a similar state ; little nourishment could be got down ; so that upon the whole she seemed losing ground. On the Saturday morning she was evidently worse ; and gradually sinking, she expired at eight, P. M. that evening. A *post-mortem* inspection could not be procured ; yet the symptoms induced me to suspect, that some organic mischief had taken place within the head.

## CASE CLXI.

*Convulsions between the Sixth and Seventh Months of Pregnancy. Fatal.*

IN the forenoon of Thursday, June 11th, 1812, I was called to the house of a lady near Bow, who had the preceding evening been seized with convulsions between the sixth and seventh months of pregnancy. She was middle-aged, of a lively cheerful disposition, and the mother of several children; and had been suddenly attacked with a violent pain in the head about six o'clock, on Wednesday evening, which was soon succeeded by a convulsive paroxysm. Her medical attendant was called that evening, who immediately took away twenty ounces of blood, applied a blister to the back of the neck, ordered opening medicines, and directed purging enemata to be occasionally injected. Notwithstanding the use of these means, the convulsions continued through the night with short intermissions, but no symptoms of uterine contraction were remarked by the nurse or attendants. In the course of the forenoon of this day, however, the uterine contents were expelled; but the fact was unknown

to the women about the patient, until the foetus was accidentally found in the bed, a short time before my arrival at twelve o'clock. For some time before this discovery, the paroxysms had been more violent and frequent; but they suddenly ceased, and between the time of the expulsion of the uterine contents, and my visit, there had been no return.

I found this lady lying on her back in a comatose state, entirely devoid of sensibility, and incapable of being aroused; the pupil was strongly contracted and insensible to light; the pulse was full and slow, and the uterus was firm and small. Under these appearances, I recommended the loss of more blood; and while my friend was preparing to open a vein in the arm, another violent paroxysm recurred. This attack induced me to advise a division of the temporal artery, and the operation was performed so successfully, as soon to afford twenty ounces of blood from the orifice. I remained in the house nearly an hour; and saw, that in spite of the means already used, the paroxysms continued to recur with undiminished violence and frequency. During that time, respiration became oppressed, and I took my leave under the impression that this lady could not long survive. On Saturday morning, the 13th, my friend wrote to inform me, "that after my depar-



ture on Thursday afternoon, the lady became quiet for many hours, and appeared to be comfortably asleep; that throughout the day of Friday she was promising to do well; but that during that night an unfavourable change had taken place, and she had become completely delirious and raving." I visited her about eight o'clock on Saturday evening; she then appeared like a woman under the delirium of fever; her pulse was small, but not quick; her bowels had been freely evacuated by opening medicine. To the means already used were added occasional enemata with a solution of asafoetida. On the Sunday, she appeared more composed and quiet; yet she was not sensible, and was passing her alvine evacuations unconsciously into the bed. On the Monday at noon, she continued in nearly a similar state; but the powers of life were evidently declining. She expired that evening about eleven o'clock.

## CASE CLXII.

*Convulsions at the Seventh Month of Pregnancy.  
Fatal.*

LATE in the evening of the 28th November, 1817, I was summoned by one of the midwives of the charity,

to the assistance of a poor woman in the neighbourhood of Shoreditch, pregnant of her fifteenth child, and about seven months advanced in that state. This woman had been suddenly seized with a convulsion-fit soon after she had retired to rest. Being absent from home at the time the message was delivered at my house, a friend was requested to see this patient, who immediately bled her freely, and ordered her a purgative medicine. I visited her early the next morning, and learnt that, notwithstanding the loss of blood, the fits had unremittingly continued. She was now lying completely insensible, and had all the symptoms of a patient under apoplexy. Two large basins-full of blood were taken away this morning ; and, as she could not be made to swallow any liquid medicine, ten grains of calomel mixed with sugar were placed upon her tongue ; a purgative enema was also directed to be occasionally injected. I made another call towards evening, when I found that the woman had been attacked with two or three paroxysms of undiminished violence since my former visit ; she now yawned frequently and deeply, and continued equally insensible. No alvine evacuations had hitherto been procured ; indeed her situation even precluded the possibility of administering the injection. She was again ordered

to be bled to sixteen ounces. During the following night, she had slighter returns of paroxysms ; but about four in the morning of the 30th, one more violent than any preceding occurred. An intestinal evacuation of an offensive description had escaped during the night. The days of the 30th of November, and of the 1st of December, passed over in nearly a similar manner ; the poor woman had occasional recurrences of paroxysms and remained insensible. But on the morning of the second of December, the scene had somewhat changed ; she had become completely delirious, and unmanageable, screaming so violently, as to be heard at a considerable distance from her house ; indeed, she was described to be “ raving mad.” About noon on this day, it was accidentally discovered, that a dead child had been expelled during her struggles, unknown to her attendants. This apparently favourable occurrence produced no mitigation of the symptoms. The convulsive paroxysms indeed ceased ; but the maniacal state continued to the time of her death, which took place on the 4th of December. A post-mortem examination was not allowed.

## CASE CLXIII.

*Convulsions before Labour under Twins. Fatal.*

IN the forenoon of Sunday, December 31st, 1815, my opinion was requested in the case of a woman in the parish of Shoreditch, under convulsions, in the last month of pregnancy. She had been seized with the first fit about one in the morning; a professional man was then called, who ordered her some medicine; but he did not then bleed her. The convulsions continuing, he was recalled a few hours after; he now took away about eight ounces of blood; and when I entered the room, between nine and ten, he was in the act of cupping his patient. This woman had, for some days previous to this attack, complained of a severe pain in her head, especially towards night; which had sometimes affected her to that degree, as to induce her to say to the women about her, "that she should certainly go out of her mind;" yet she had made no application for its relief.

At the time of my visit, the fits were returning at very short intervals, and with considerable violence; and the woman appeared under a state of great

exhaustion from their effects. Upon a vaginal examination, the act of labour was evidently commencing ; the os uteri was relaxed, yet not much opened ; but it seemed readily dilatable, and the breech was presenting. Considering the length of time the convulsions had already unremittingly continued ; the injurious effects they had induced ; the possibility of a speedy delivery by art, and the probability of the labour continuing for a length of time if entrusted to the natural efforts ; it was determined, that immediate delivery should be attempted. I passed my hand without much difficulty, and meeting with a foot I brought down the breech ; after which the child was soon extracted. But the presence of a second child was immediately detected ; which was withdrawn in a similar manner, and which proved to be in a very putrid state. The uterus contracted, and threw off the double placenta. But the extraction of the uterine contents did not prevent a recurrence of the paroxysms. The woman had certainly a somewhat longer truce for a time ; but the convulsions afterwards resumed their former violence, and put a period to her sufferings a few hours after delivery.

The head was examined on the Wednesday following by an experienced anatomist ; who reported



to me, that after a very minute examination of every portion of the brain, no positive derangement could be detected; and that the only appearance, in any way different from that usually met with, was in the vessels of the pia mater, which were thought to be somewhat more loaded with blood, than in the generality of cases of cerebral inspection.

### CASE CLXIV.

#### *Convulsions before Labour. Fatal.*

IN the forenoon of the 16th of June, 1816, a communication was made to me respecting Mrs. B. in Webb Square, Shoreditch, who was stated "to be in the last month of pregnancy, in violent fits and insensible, but no labour; and to have been complaining of a pain at her stomach." This patient was at the moment ordered to be bled from the arm to sixteen or twenty ounces; to have a dose of calomel and some purgative medicine. I saw her about twelve at noon; she had then had a number of fits, which were returning at short intervals; between the paroxysms she was comatose, with stertorous breathing; she was perfectly insensible, and had a dilated pupil. I now ordered a

similar quantity of blood to be again taken away in my presence, but it did not flow in so free a stream as I could have wished. Having watched the case for some time longer, and seeing that the paroxysms continued undiminished in violence or frequency, I made a vaginal examination ; I thereby found that the os uteri was sufficiently dilated to allow the ready introduction of the hand. Looking at the imminent danger of the woman, with the little advantage which had been already derived from the previous loss of blood, I determined upon immediate delivery by turning the child, which I effected with comparative ease ; the uterus acting well, and even throwing off the placenta. I left the woman after delivery at two P. M. in an insensible state with little hope of her recovery ; and I afterwards learnt from the midwife, that she survived my departure, but a few hours.

### CASE CLXV.

*Convulsions at the Seventh Month of Pregnancy,  
relieved by Bleeding.*

ABOUT midnight of Sunday, April 13th, 1817, I was called by one of the midwives of the charity, to a

woman in the parish of St. Leonard Shoreditch, “ who was stated to be in fits, senseless, and void of feeling, in the seventh month of pregnancy of her first child, without any signs of labour ; and to have been seized with convulsions three hours before, without any previous warning.” Soon after my arrival, I witnessed a violent paroxysm, after which she became comatose. I had her bled in my presence, and two pounds of blood were quickly abstracted from a free opening in the arm. After remaining some time in the house without seeing any recurrence of the paroxysms, I left her in charge of her midwife, with directions to get down some opening medicine as soon as her patient could swallow. At eight o’clock the next morning, I was informed, “ that, although the opening medicine had been given according to directions, no motions had been procured ; that the woman had had no more fits since the bleeding ; and that she appeared composed, with a strong disposition to doze.” At my visit on Monday forenoon I found this description quite correct. The opening medicine was ordered to be continued till a full effect was produced. The report of the midwife the next morning, the 15th was very satisfactory. “ This woman has passed a good night, and is quite collected ; the bowels have

also been freely opened." On the evening of the 16th, a dead child was naturally expelled ; and afterwards the poor woman daily improved to the complete re-establishment of her health.

## CASE CLXVI.

### *Convulsions before Labour relieved by Bleeding.*

EARLY in the morning of March 27th, 1816, a note was sent to me respecting a patient of the charity, informing me, " that Mrs. B. of Hoxton Market had been in fits all night without any signs of labour," and begging my immediate attendance. I found a young woman, near the completion of the full period of pregnancy of her first child, yet without any symptom of approaching labour, in strong convulsions. She was devoid of sensibility, had frequent returns of violent paroxysms, and was comatose in the intervals. At ten in the forenoon, she lost about twenty ounces of blood from the arm, and at three in the afternoon a similar quantity. During the interval between these two bleedings, the paroxysms had become much less frequent, and less violent ; but she continued equally insensible. I saw her again at eight in the evening ; at that hour, there

had been, since my visit at three, only two or three paroxysms ; the last of which came on, a short time before I made my call. I ordered her to be bled again to nearly the same quantity, and the operation was performed in my presence by one of my pupils, who had accompanied me to the case. The loss of blood, at this time, evidently produced a material alteration in her countenance, as well as upon her pulse ; and although we were unable to learn her sensations, she appeared to me under the influence of syncope, which my companion suspected would terminate in death. From this state, however, she presently rallied ; she then fell into a comfortable sleep of several hours continuance, and awoke towards morning very much refreshed, and perfectly sensible ; yet she was quite unconscious of the preceding occurrences, and seemed surprized at her situation. At my visit the following morning, there had been no return of convulsive movements ; my patient was then composed with a disposition to sleep, but no signs of approaching labour were still apparent. It did not appear to me, that any further medical management was necessary, than mere attention to the bowels. From this time, she went on under a gradual improvement to the evening of the 30th of March, when the pains of labour spontaneously com-



menced ; and she was delivered of a still-born child, after a natural and easy time, without any further inconvenience. She afterwards recovered her usual health within the regular period of a common confinement.

### CASE CLXVII.

#### *Convulsions before Labour relieved by Bleeding.*

ABOUT eight o'clock, A. M. on the morning of Tuesday, the 27th of August, 1816, my immediate attendance was requested upon a poor woman in Finsbury, with the intimation, "that she was taken in strong convulsions ; that there was no labour ; that it was a first child, and that the woman was thirty-four years of age." I was told by the neighbours, that she had been seized the night before with sickness and vomiting, after which she had some loose stools ; and that she was found about half-after six in the morning, upon her face in the water-closet, in a strong convulsion fit. The midwife was immediately called ; but before her arrival, the woman had a second fit. I found this woman sensible, but complaining of most violent pain in the head ; her pulse was slow and full. She was immediately bled in the arm, and thirty ounces of blood were taken

away freely ; ten grains of submuriate of mercury were given as soon as they could be procured ; and afterwards a dose of opening mixture every two hours, until free evacuations were obtained. During the course of the forenoon, she also lost some blood by cupping at the back of the neck. I visited her again in the evening, when her bowels had been freely opened, and she appeared in every respect much relieved ; she had had no return of the paroxysms since the bleeding. The next morning, the husband of the poor woman called to inform me, that she continued better. This woman, after a lapse of four days, during which she was progressively improving, was safely delivered of a still-born child on the 31st of August. She had a common natural labour, under the care of the midwife, without any return of convulsions, or even a tendency thereto ; and recovered from her confinement without any unfavourable symptom.

### CASE CLXVIII.

*Convulsions before Labour, relieved by Bleeding.*

ABOUT one, P. M. Friday, September 11th, 1818, one of the midwives sent a note, desiring me to

visit Mrs. G. in Webb-square, Shoreditch, stating, "that the woman was in her ninth month of her first child, and in strong convulsion-fits, but no labour." This woman had been first seized about half-after eight in the morning, and before the midwife saw her, she had had five paroxysms. Being absent from home when the note was delivered at my house, a friend was requested to visit the woman on my behalf; who, finding no symptom of labour, bled her freely and ordered some opening medicine; but which, from her insensible state in the intervals of the paroxysms, could not be given. About four, P. M. the same gentleman paid her a second visit; and being told, that she had had several fits since his first call, he bled her again freely, taking away about twenty-four ounces of blood; during this operation, she had a violent paroxysm. I saw her about six, P. M. and from the account I received from my friend of her previous state, I was disposed to consider the woman better; for she had now lost that snoring, which she had exhibited during the intervals of the fits throughout the day; I therefore now merely advised some opening medicine, as soon as she could be prevailed upon to take it. The next morning I received a satisfactory note from the midwife, informing me, "that since the last bleeding

her patient had had no more fits ; that the opening medicine had operated sufficiently ; that she was very much better ; and seemed quite composed."

This woman was delivered about a week afterwards, under the care of her midwife, of a still-born child, after a natural labour, without the occurrence of any incident worthy notice. She has since borne several children ; but has shown no tendency to convulsions in her subsequent labours.

### CASE CLXIX.

#### *Convulsions before Labour, relieved by Bleeding.*

MRS. H. a stout young woman, of the parish of St. Luke, Old Street, was found by her husband, on his return home to dinner at one o'clock, on Tuesday, June 13th, 1820, lying on the bed in a strong convulsion-fit, completely senseless, and black in the face. He had left her, upon going to his work early in the morning, complaining of some head-ache ; but to his surprize and alarm, upon reaching home at his usual dinner hour, he discovered her in the situation above stated, in the last month of her first pregnancy. This occurrence happened immediately preceding a violent thunder-storm. Her midwife was sent for,

who procured the attendance of a neighbouring apothecary to bleed her, and about sixteen ounces of blood were taken away as expeditiously as it could be done. A messenger was then despatched for the assistance of one of the physicians of the charity, and I visited her about four P. M. The convulsive paroxysms were at this time frequently returning, with short intermissions; the woman was insensible; the pupil of the eye was dilated; the pulse was slow and oppressed; no symptom of approaching labour could be detected by a vaginal examination; and not the slightest advantage appeared to have been derived from the previous loss of blood. She was immediately bled again from the arm, and lost in a full stream about twenty ounces of blood; during this bleeding the pulse became less oppressed, but was not increased in frequency. Five grains of calomel, and as many of jalap were placed upon the tongue, proper doses of a purging mixture were prescribed at short intervals, and an enema ordered to be injected without loss of time. My visit was repeated at eight in the evening; at this hour, the paroxysms seemed to have become less severe, yet they were equally frequent; in the interval the patient appeared somewhat more composed. About sixteen ounces of blood were again abstracted;



another powder similar to the preceding one was repeated, and the opening mixture was directed to be continued. To these means were added, six leeches to each temple, a blister at the back of the neck, and the constant application of an evaporating lotion over the head. There were still no signs of commencing labour. At my visit at eleven the next morning (Wednesday) I found this woman much relieved. She still remained insensible indeed, but the paroxysms were less frequent and less powerful; and the pupils showed a greater disposition to contract on the application of light. No signs of labour were yet observable, but very copious evacuations had been obtained from the bowels. Six more leeches were now applied to each temple. She was visited again at eight in the evening and was still more improved; the paroxysms had ceased; the process of labour had commenced without inducing any return, and the os uteri had already become so far dilated, as to allow of the ready introduction of the hand, and of delivery by turning, if such a proceeding had been judged expedient. But, under all the circumstances of the case, especially as so much relief had been already derived from the means used, it was thought more advisable to trust its conclusion to the natural agents; the midwife was therefore given

in charge of the case, with strict injunctions to leave it entirely to *Nature*. At my visit on Thursday forenoon, my patient had been safely delivered of a still-born child about four A. M. after a natural and regular labour, without any indications of a return of the paroxysms. She had then procured some refreshing sleep, and was quite sensible, but had not the least recollection of what had taken place.

From this period, with the exception of some pain in the head, which gradually disappeared, she suffered no future inconvenience; but regained her usual health in as short a time, as if she had not been the subject of such alarming symptoms.

## CASE CLXX.

### *Convulsions before Labour. Fatal.*

AT six A. M. Saturday, January 26th, 1822, I was called to a poor woman in Fashion Street, Spitalfields, who had been attacked with convulsions. Her midwife had been summoned about two in the morning for some reason or other; but finding, to use her own expression, "that there was no labour," she did not remain with her patient. Some time after her departure, a convulsion-fit took place; the midwife

was recalled ; but before her return, five or six paroxysms had recurred ; she then begged my assistance. I found the paroxysms violent, with short intervals, and a state of complete insensibility during those intervals. The os uteri was but little dilated, yet the liquor amnii was discharged, and the head was above the brim of the pelvis. I had a vein opened in each arm in my presence, and a large basin-full of blood (I should think nearly two pounds) taken away from each orifice. Yet this free and liberal bleeding had no beneficial effect, either upon the violence, or the frequency of the paroxysms. After witnessing the recurrence of several more fits without any palliation, I determined upon immediate delivery by turning the child ; but I had no trifling difficulties to overcome in attaining that object. During the act of delivery, and for a short time afterwards, the woman remained free from any return ; she appeared relieved, and gave some hopes of recovery ; but within an hour, another fit made its appearance, which she did not long survive.

The body was inspected the following day. After a most careful examination of the head, no positive breach of vessel could be detected. The blood-vessels of the pia-mater were beautifully injected with blood ; and a section of the substance of the brain

shewed more bloody points than usual ; there was also a quantity of tinged serum in the ventricles. The vessels of the cerebellum were likewise unusually distended with blood. The viscera of the abdomen were generally healthy. The blood-vessels of the broad ligaments were empty, and seemed puffy and large. The uterine structure was flaccid ; uncontracted ; with a suffused redness at its back part ; its internal surface had a natural appearance.

### CASE CLXXI.

*Convulsions under Protracted Labour, relieved by  
Bleeding, and Delivery.*

LATE in the evening of August 28th, 1811, my opinion was requested by a friend, in the case of a first and protracted labour of a stout young woman in Goodman's Fields. On visiting this woman, I was told that she had been in strong labour more than twenty-four hours ; and that between the despatch of the messenger and my arrival, she had been suddenly and very unexpectedly seized with a convulsion-fit, upon the subsidence of which, my friend had taken away from the arm a large basin-full of blood, and then waited my arrival. I found the head

of the child resting at the brim of the pelvis, which was considerably deficient in room ; with the os uteri well dilated, and the vagina relaxed. I had not been many minutes in the house, before another paroxysm, equally violent as the preceding one, recurred ; after its cessation, the arm was untied, and a second large basin-full of blood was taken away. After this second attack, the woman became exceedingly restless, tossing herself incessantly about in a state of perfect insensibility ; by and bye, she became more quiet, yet continued senseless. Immediate delivery by craniotomy was now determined upon ; I therefore set about that operation ; but I had to contend with many difficulties in effecting it, partly arising from the deformity in the pelvis, and partly from the insensible and unmanageable state of the woman. After delivery, a state of comparative composure ensued, which terminated in sleep. The next day this woman was apparently doing well ; but in the morning of the 30th she was seized with a rigor, followed by very threatening symptoms ; she had a rapid pulse, 140 in the minute ; a tense tumid belly, with pain on pressure ; a dejected countenance ; mental wanderings ; and other indications of local inflammatory affection. A large basin-full of blood was again taken from the arm in my presence, and



the bowels were freely evacuated during the day. In the morning of the 31st the preceding symptoms were much relieved; but towards evening, there was a tendency to their return; this induced a further abstraction of blood, but in a somewhat less quantity; with a further evacuation of the bowels. From this time, the woman gradually recovered. She lost in the whole nearly eighty ounces of blood; no part of which exhibited any appearance of the *buffy coat*, except that drawn on the last occasion.

## CASE CLXXII.

### *Convulsions during Labour.*

ON Sunday morning, April 17th, 1814, I was requested to visit a young woman in Nicol Street, Bethnal Green, æt. 19, who had been delivered of her first child the night before. From her midwife, I had the following particulars of the case. “That in the afternoon of Friday the labour began, and that some hours after she was called. That during the night convulsions came on, and that early in the morning, application was made to a professional man, who ordered her to be freely bled. That the violence of the fits was much abated by the bleeding,

yet that they did not entirely cease. That throughout the day of Saturday, the labour was slowly progressive; that as it advanced towards evening, the convulsions returned more violently; that about eight in the evening, the uterine contents were naturally expelled; and that since her delivery, the woman had remained in a senseless state, without any return of the paroxysms."

I found this woman insensible, comatose, and with other symptoms similar to those of apoplexy. I requested that she might immediately lose more blood, and that her bowels should be actively opened. On the Monday morning, she had had some refreshing sleep; was now sensible; but complained much of her head. She went on gradually improving until the Saturday following, when she was seized with abdominal affection attended with febrile symptoms. These were presently relieved by purgatives, and afterwards she soon recovered her usual health.

### CASE CLXXIII.

#### *Convulsions during Labour, relieved by Delivery.*

IN the morning of March 15th, 1815, I visited Mrs. C. in Brick Lane, Spitalfields, who had been in

labour of her first child for many hours, and who had been seized with convulsions a short time before I was called. She had already had two paroxysms, with no long interval between them; and was at the moment, perfectly sensible and collected. Finding that the head of the child was occupying the cavity of the pelvis, and that its vertex was almost pressing upon the perinæum, I recommended immediate delivery by the forceps. The instrument was satisfactorily applied without the least difficulty, and the head was gently extracted. While I was now compressing the uterine tumour within the grasp of my hand, another paroxysm recurred; during its continuance, I could distinctly perceive, that uterine contraction was active under my hand. By its effects, assisted by a very slight degree of extractive effort, the remainder of a *still-born* child was brought away; after the birth of which, the placenta followed without trouble. After delivery there was no return of convulsions; the woman recovering as well as after any common labour.

## CASE CLXXIV.

*Convulsions during Labour, relieved by Natural Delivery.*

MRS. W. residing in Spitalfields, while apparently going on well in the act of labour of her third child, was suddenly seized with convulsions about seven in the evening of May 15th, 1816. She had previously complained of sickness and head-ache. A neighbouring practitioner was immediately called in, who bled the woman freely, and then left her to the care of her midwife. I saw her about ten the same evening; at that time there had been several repetitions of the paroxysms; but as the labour then appeared to me near its termination by the natural efforts; the head occupying the cavity of the pelvis; the pains being active, with the soft parts in a state of relaxation; I did not think it necessary to interfere; the process was therefore allowed to go on spontaneously. The child was presently expelled in my presence; after that occurrence the woman had no return of fits. On the seventeenth, she complained of pain in the head, which was relieved by free evacuations from the bowels. She afterwards went on well.

## CASE CLXXV.

*Convulsions during Labour, relieved by Delivery.*

MRS. F. in Goodman's Fields, a corpulent middle-aged woman with a large family, accustomed to the free use of porter, felt herself extremely unwell towards the end of pregnancy, complaining of want of sleep, of frequent sickness, and occasional retchings. She had been induced to lose some blood to relieve a pain in the side, which had also troubled her. The pains of labour commenced on the evening of the 6th of June, 1816, and continued at short intervals throughout the night, and the day of the 7th, with occasional sickness and vomiting. In the forenoon of this day I was requested to see this woman; finding the process of labour only in its first stage, without any material derangement, I did not interfere; leaving her in charge of the midwife. At ten at night I was informed, "that the labour was proceeding very slowly; that the os uteri was yet only dilated to the size of a shilling; that the pains were strong and forcing; that some discharge had taken place; and that the woman had become extremely unmanageable and outrageous, appearing (to use the



midwife's expression) almost raving mad." I saw this patient again late the same night. The head was now remaining at the brim of the pelvis, pressing strongly upon the undilated and rigid os uteri; she was perfectly sensible, but could not be persuaded to lie still. Under that situation of the head and parts, I did not think prudent to resort to any means to forward the labour. About five the next morning, the 8th, the midwife requested my immediate attendance, "as the poor woman had been suddenly seized with a strong convulsion-fit." I now found her under a constant state of agitated restlessness; insensible to every thing around her; with a pupil widely dilated; and a full strong pulse. I had twenty ounces of blood immediately taken away from the arm, and afterwards proceeded to delivery by perforating the head; a task, which was not effected without some difficulty, but under no return of paroxysms. Soon after her delivery, however, she turned quickly around in bed, and attempted to raise herself from the pillow, apparently unconscious of the act; immediately another convulsive attack ensued, equally violent as the former one; but from this time the paroxysms ceased. At nine in the morning, the midwife reported, "that her patient was better, but continued obstinately

restless ;” and “ that her senses appeared to be returning.” At three P. M. I found her in a quiet sound sleep with a good pulse. At night she continued still and composed ; under almost a constant doze. The next morning, the 9th, she was quite sensible, but complained of being low, faint, and jaded ; from this time she recovered without any interruption.

#### CASE CLXXVI.

##### *Convulsions during Labour, relieved by Delivery.*

AT four A. M. Friday, May 30th, 1817, a gentleman arrived at my house from a neighbouring village, to beg my immediate attendance upon the wife of a major in the army, in labour of her first child, and in a state of great danger. I was introduced to a young lady of a sprightly disposition, who had been attacked about an hour before my arrival with a convulsion-fit, during a common lingering labour, under the care of a respectable surgeon. Her labour had commenced on the evening of Wednesday ; her attendant was then called, who remained in the house all night. It proceeded regularly, but slowly, throughout the day of Thursday ; towards evening,

the membranes broke ; the pains afterwards became stronger and more frequent ; but under great rigidity of all the soft parts. At this time, and for some hours thenceforward, the general appearances promised a happy termination. But this favourable prospect was, by and bye, over-shadowed by the unexpected intervention of a convulsive paroxysm between three and four in the morning. The lady had hitherto been in excellent spirits, laughing and joking with her friends ; when, just before the attack, she quaintly exclaimed, “ bless me, the room is studded with diamonds,” and instantly, her whole frame became violently convulsed. As soon as the necessary means could be procured, her attendant took away a quantity of blood from the arm, and sent to request my presence. I found this lady collected, and capable of answering my questions rationally ; she complained of some unpleasant feelings in the head, yet not amounting to absolute pain ; her pulse had undergone little alteration ; the os uteri was opened to the size of a crown-piece, but was rigid and thick, with the head just entering the pelvis, pressing upon it ; and the pains were returning at short intervals. I had not been long in the house, before another attack recurred, upon which I recommended the abstraction of more blood.

About seven A. M. my friend and colleague, the late Dr. John Sims (who had been also summoned through the anxiety of the husband), arrived. After hearing the history of the case, and seeing the lady, he joined in opinion with me of the propriety of the loss of more blood. Not long after this third bleeding, we had the recurrence of another fit. While Dr. Sims was sitting by the side of the bed a little after nine, anxiously watching the lady, he witnessed the access and progress of another paroxysm, equally violent with any of the preceding ones. It was now evident, that the loss of blood, although upon the whole considerable, had neither prevented a return of the paroxysms, or diminished their violence; and that it could not be farther extended with safety; we therefore determined, that immediate delivery should be effected. About half-after nine, with the sanction of Dr. Sims, I perforated the head, and fixing the crotchet, began to make extraction; but the return of a paroxysm soon obliged me to desist during its continuance. After its cessation, my efforts were resumed to the release of the head. The uterus now contracted satisfactorily, and expelled the rest of the child with the placenta. The lady was afterwards lying in a senseless state; but after a short time, she appeared to be asleep; and

remained quiet, and composed to the time of our departure at twelve o'clock. She had no return of convulsions after her delivery, but in due time recovered her health ; and has borne several children since the preceding occurrence, without any tendency to a similar attack.

### CASE CLXXVII.

#### *Convulsions during Labour, relieved by Delivery.*

ABOUT one in the morning of Wednesday, May 27th, 1818, I received an urgent message from a respectable surgeon, requesting me to visit Mrs. T. in Surrey, a stout middle-aged woman, in labour of her first child, who had been suddenly seized with convulsions. She had been in active labour more than twenty-four hours, and the liquor amnii had been discharged about six hours ; the os uteri was relaxed, but was not quite dilated ; the head of the child was lying at the brim of the pelvis, which was evidently deficient in the usual room ; she was completely insensible, with occasional returns of the paroxysms. My friend had bled her on the first attack ; upon my arrival at the address, and seeing the symptoms I recommended a further loss ; then, viewing the



case in all its bearings, we were decidedly of opinion that immediate delivery offered the most likely means of preserving the woman's life. But the state of the pelvis, as well as the situation of the head, forbade the attempt by any other mode, than that of lessening the head. I therefore proceeded to that unpleasant operation; but I had afterwards considerable difficulties to encounter in the extraction of the head, as a consequence of the confinement of the pelvis. The woman had no more paroxysms after delivery; she soon became composed and got some sleep; when I saw her the next day, she was so much recruited that she was promising to do well.

### CASE CLXXVIII.

#### *Convulsions during Labour, relieved by Delivery.*

ABOUT one in the morning of Thursday, September 10th, 1818, I was called to the assistance of a lady in Fenchurch Street, who had been a few hours before seized with convulsions during the progress of a natural labour, under a first child. The patient was a stout, corpulent, well-looking young woman, about twenty years of age. The pains of labour came on the preceding forenoon about ten, and went

on regularly till about four in the afternoon, when the membranes gave way and the attending gentleman was sent for. After this time, the labour advanced slowly but progressively till about ten in the evening, when the woman was seized with a convulsion-fit without any previous notice. A vein was immediately opened in the arm, and about fourteen or sixteen ounces of blood were taken away. Between this hour, and my arrival at the bed-side, she had two more fits. I found her completely senseless, snoring like a patient under apoplexy ; yet it was evident that she had occasional labour-pains, from an alteration in her manner, and appearance during their presence. While my friend and I were conversing upon the case, another violent paroxysm took place. Venesection was immediately repeated, and twenty ounces of blood were again abstracted. Upon making a vaginal examination, I found the head occupying the cavity of the pelvis, and sufficiently within the scope of the forceps ; and thinking that immediate delivery would prove the most likely means of averting the threatened consequences, I set about the operation by means of that instrument. After its satisfactory application, I had to encounter considerable difficulty in the extraction of the head ; arising from the struggles of

the patient, and her incessant change of posture. When the head was brought down so low as to press upon, and to extend the external parts, another paroxysm occurred more violent than the preceding ones ; after which the child was slowly extracted, and the placenta soon followed.

During the delivery, this woman appeared to be insensible both to my efforts, and to uterine contraction, and continued to snore as before ; but after delivery, she became more composed, the snoring ceased, and she seemed to be comfortably asleep ; so that I left her with a strong impression of her future safety. At my visit early the next morning, I found her very much recovered, indeed making little complaint ; as general appearances were so favourable, I took my leave, entrusting her future management to her previous attendant.

The child was born alive, but in a very weakly state. Upon immersion in warm water, the infant rallied, and cried stoutly ; notwithstanding, after a short time, this child began to droop, and died about twelve hours after birth.

## CASE CLXXIX.

*Convulsions during Labour, relieved by Bleeding.*

ABOUT mid-day, on Thursday, July 13, 1820, I was summoned to a stout young woman, a patient of the charity in the Commercial Road, in labour of her first child, who had a little before been seized with convulsions. A gentleman in the neighbourhood was on the moment sent for, who immediately bled her freely, and waited my arrival. I saw this woman about two P. M. She had then been in slow labour about twelve or fourteen hours; the os uteri was but little dilated; the membranes were entire; and the presentation was natural. She had a strong full pulse; was entirely insensible to any external objects; but was now and then evidently under the influence of uterine contraction, with occasional paroxysms. She was bled largely a second time. I visited her again at nine in the evening. The convulsions had then considerably abated both in frequency and violence; nevertheless, as they had not entirely ceased, I recommended the loss of more blood. The os uteri was dilating, and the process of labour was gradually advancing, but the patient was still in-

sensible. The labour proceeded without interruption till four the next morning, when a dead child was expelled by the natural agents under the care of the midwife, without a return of any paroxysm to such extent as to excite alarm for the safety of the patient; but soon after her delivery, she had one slight recurrence.

I visited her the following day, when there had been no further return of convulsions; she had complained of pain in the head, but was at the time comfortably asleep. Some opening medicine was prescribed; after the operation of which she expressed herself to be so much relieved, that on the next day I ceased my professional attention.

## CASE CLXXX.

### *Convulsions during Labour. Fatal.*

A POOR woman in Bethnal Green parish fell into labour of her first child early in the morning of Wednesday, June 6th, 1821, to whom a neighbouring surgeon was called. The weather was at this time unusually sultry, with occasional thunder-showers. When she had been some hours in labour, she was attacked with convulsions. Her attendant bled her



in the forenoon after several paroxysms, but did not take away more than six or eight ounces of blood. The convulsions continuing, my assistance was required at two P. M. The process of labour had now made but little advance ; the os uteri was rigid, and not much opened ; the woman was insensible, and the paroxysms were remarkably strong and frequent. I requested that she might lose a larger quantity of blood, and promised to see her again in two hours. I returned at four P. M. During my absence, there had been no improvement ; she had had many returns of the paroxysms with undiminished violence. The head of the child was now entering the pelvis ; the os uteri was more dilated, and relaxed ; and the pains were more active. Under all the circumstances of the case, delivery seemed to be advisable ; I therefore proceeded to lessen the head, and to extract the child ; and although the uterus materially assisted my efforts, I had to contend with greater difficulties than I expected. After delivery, the woman had no return of convulsions ; yet she did not long survive.

## CASE CLXXXI.

*Convulsions after Delivery. Fatal.*

ON the 11th of March, 1796, a stout healthy young woman was delivered of her first child about six in the evening, having suffered comparatively little under a natural, and easy labour, during which she made no particular complaint. I left the house after its completion, in the full expectation that she would do well. But about two hours after my departure, I was recalled in a hurry. I was then told that soon after I was gone, the woman was suddenly seized with a pain at the stomach, which was followed by vomiting and convulsions, and that after two or three paroxysms, she threw up a considerable quantity of blood. From the first appearance of the convulsions she became totally insensible and comatose, and continued in that state to the time of her death, which took place within fifteen hours after her delivery. Her situation precluded all aid from the exhibition of internal medicine, for none could be got into the stomach; the injection of clysters was recommended, but the unmanageableness of the patient rendered assistance from this source also nugatory. The

ejection of blood from the stomach deterred me from the use of the lancet ; indeed, I candidly confess, that at that early period of my professional career, I had not witnessed the beneficial effects of large bleeding ; the practice of which was then scarcely established.

### CASE CLXXXII.

*Convulsions during and after Labour. Fatal.*

MRS. H. of Hope Town, Bethnal Green Road, æt. 40, had complained for a day or two before labour of her first child, of pain in her head and sickness ; for the relief of these sensations some opening medicine had been prescribed, on the 22nd of June, 1819. Symptoms of labour came on during the evening of that day, and the child was naturally expelled about six o'clock the following morning. Previous to the expulsion of the child, the mother had two convulsive attacks. For some time after her delivery, she was promising to do well ; her midwife left her about eight in the morning apparently asleep. Not long after her departure, a convulsive paroxysm returned ; the midwife was recalled, who sent me a note about eleven o'clock in the forenoon

of the 23rd, stating the above facts, and particularly "that the convulsions were frequent and violent." A return of the convulsions had taken place about nine in the morning, and the poor woman breathed her last before twelve at noon, even before I had an opportunity of seeing her. A neighbouring practitioner had been called in, whose assistance proved of no avail in arresting the progress of the paroxysms.

### CASE CLXXXIII.

#### *Convulsions after Labour, relieved by large Bleeding.*

AT three A. M. June 15th, 1814, (after a preceding sultry day, and during the raging of a most violent thunder-storm), I was called to Mrs. P. near Wapping; a thin delicate young woman, who had been safely put to bed of her second child about five P. M. the day before, after an easy natural labour, by the medical attendant of the family. After remaining some time in the house, he left her, and called again late in the evening; when she made no complaint to arrest his attention, or to forebode so tremendous an attack, as subsequently, and at no long distance

of time followed. My friend had scarcely quitted her house half an hour, when she was suddenly seized with a violent convulsion-fit. A messenger was immediately sent to recal him ; but not being in the way at the moment, some time elapsed before he could make his visit ; and during this interval, she had several paroxysms. At his return, seeing his patient in so perilous and so unexpected a situation, my early attendance was requested.

This lady was in a state of nearly incessant convulsions, the paroxysms succeeding each other so rapidly, as scarcely to leave any interval. During the short intermissions, she was lying in a state of total insensibility, and foaming at the mouth ; the pupils were strongly contracted, and she had a small, quick, confined pulse. Under such distressing symptoms, I dared not entertain the least hope of counteracting them ; but unwilling to be merely a passive looker-on, I advised a large quantity of blood to be drawn from a free orifice as speedily as possible ; two good-sized basins-full were accordingly procured from the arm, to the amount of at the least forty ounces. As no medicine could be got down into the stomach, recourse was had to the injection of purgative clysters. I left this lady at four A. M. under the discretional direction and judgment of



my friend, to take more blood from the arm, or from the temporal artery, as he might think expedient. Between the time of my departure and seven in the morning, there was a frequent recurrence of the fits, but not in so violent a degree; about that hour, the temporal artery was opened, from which but a few ounces of blood were obtained; for soon after the incision was made, a paroxysm recurred, which induced my friend to check the further flow of blood. I visited this lady again at ten in the forenoon; there had then been an intermission of the paroxysms since seven in the morning; she was lying in a senseless torpid state; she was free from any convulsive twitchings, and seemed much more composed; the eye was insensible to the light; and her pulse was quick and small; upon the whole, she appeared to be extremely ill. At seven in the evening, my visit was repeated; our patient was now evidently better; she had been able to get down a little nourishment; no return of convulsions had occurred; she had become so far rational as to give short but pertinent answers to questions; and she had been persuaded to take some opening medicine. At my next morning's visit, still farther improvement was evinced; some refreshing sleep had been procured in the night; the bowels had been satisfac-

torily relieved; the woman had become perfectly rational; and she now seemed comparatively out of danger. From this time her recovery was progressive.

One singularity attended this case. Although this woman, to all external appearance, was in perfect health at the time of delivery, she had no recollection whatever, after her recovery, of the occurrences during her labour; or indeed, of those of some days preceding that event. They appeared a blank in her existence. Does not this fact shew, that there was even then a tendency to cerebral indisposition, which had escaped notice; and which was probably increased by the state of the atmosphere, and by the act of parturition?

#### CASE CLXXXIV.

##### *Convulsions before Labour; relieved.*

IN the forenoon of Sunday, January 26th, 1823, I visited Mrs. A. æt. 23, in Newcastle-street, White-chapel, who had not been long delivered of her first child, living; and who, a very short time before its expulsion, had been suddenly seized with a convulsion-fit, which was followed soon after the birth of

the child by a second. Her labour had not been of long duration, and had proved quite natural. About 11 A. M. twenty ounces of blood were taken from the arm, and ten grains of calomel were exhibited. Between this time and two P. M. there had been a recurrence of five paroxysms ; but the last appeared to be the weakest. During the intervals, the woman shewed some signs of sensibility ; yet the pupil was dilated, and the pulse was small and quick. Twelve ounces of blood were again abstracted ; a mixture of infusion of senna and jalap was ordered in proper doses ; a purging enema was also prescribed ; with the application of cold to the head. By these means the paroxysms were checked for some hours ; but about midnight, the woman had a relapse ; and, resuming their usual career, the convulsions returned as violently, and as frequently, as in the early part of the day. When I called on Monday, at four P. M. expecting to find the poor woman quite relieved ; I learnt, that she had been in constant convulsions with short intervals since the preceding midnight, and that her friends, having given up the case in despair, had ceased all means of assistance. I also had very slight hopes of her recovery ; notwithstanding, I directed the midwife to inject an enema with a solution of asafoetida and two drachms of

laudanum. A delay of some hours took place before this object could be effected; but after the enema had been thrown up, the report to me the next morning was, "that it had acted like a charm." It was injected with some difficulty about nine P. M. and soon afterwards, there was an obvious diminution of power and frequency in the attacks, so that by midnight, the fits had entirely ceased. The woman afterwards got some refreshing sleep, but awoke with much pain in her head. The next day, Tuesday, she was quite sensible with an improved pulse, yet still complaining of her head; from this affection she was considerably relieved by free evacuations from the bowels. On the following day she was so much better, and in so promising a state, that I discontinued my visits. On the 20th of March, she called at my house in perfect health, to offer her thanks; her child was thriving, and she had an excellent breast of milk.

## ON LABOUR

WITH TWO OR MORE CHILDREN.



THOSE animals, which usually bring forth only one of their species at a birth, occasionally shew a great disposition to preternatural fecundity; to produce into the world one or more than that unit, which Providence seems naturally to have assigned to them. This is especially the case with the mare, the cow, the sheep, and woman. Some particular years appear favourable to this unusual increase in the animal creation; and it is no uncommon remark, that in the same district, the occurrence of twins in women is more frequent at one time, than at another. The females of some families appear to have a singular propensity to this prolific tendency; it is also occasionally observable in the same woman.\*

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\* I attended one lady, who conceived of twins three successive times; and I lately heard of a woman who had twin-boys in several following labours.



It may become a physiological question, yet one of very difficult solution, whether the conception of twins is simultaneous, or consecutive; whether the two ovarian vesicles receive the impregnating impression at one and the same instant, or in a successive manner. I am not acquainted with any fact, by which such an intricate question can positively be decided; but I am disposed to incline to the former supposition, "that the two ova are impregnated at the same moment." This fact, however, is sufficiently ascertained; that the woman herself has no cognizance or intimation, that she has conceived of twins.

When two or more children are brought into the world at the same birth, the respective size of each child is usually smaller in proportion to the number, than when only one child is born; yet this remark does not always hold good. Every now and then, each twin appears as large as a single child; and in one instance which I saw, in which four boys were produced at the same birth, each child seemed as large as a common-sized twin. But, although it may be generally stated that, under a plurality of children, each child is severally smaller, than when the uterus contains only one; yet collectively, they oc-

cupy a greater space within the uterus, and consequently, make a woman appear larger in her person.

The proportion of twins upon a large average, appears to be about one case in ninety or one hundred. Cases of triplets are very rare; but those of quadruplets are still more uncommon; yet cases of each description are sometimes reported in the public papers. When two or more ovarian vesicles are impregnated at the same time, the woman has a less chance of arriving at her full time, than when only one is impregnated. We frequently hear of a miscarriage of twins, and it rarely happens, that the full time is completed under triplets. Under conception of twins, one of the ova may lose its vitality, while the other proceeds onward to perfection. One may even slip, as it were, out of the uterus; the other may remain behind, and be progressive to the full completion of pregnancy. But cases of this kind will be subsequently more particularly noticed.

There is no certain criterion during the state of pregnancy (except perhaps through the medium of the stethoscope), which is positively indicative of the presence of more children than one, within the uterus. And indeed, if the most accurate informa-

tion could be obtained on this point, that knowledge would lead to no alteration, or improvement, in the management of the case. The ignorance attached thereto, therefore, is productive of no inconvenience to the mother, or her offspring. Yet every now and then, a woman will surmise, from increase of size, or from some peculiarity in her sensations, that she is carrying twins within her uterus; and the idea becomes a source of subsequent uneasiness. That there is generally an increased size of the abdominal tumour under twins, or more children, as well as some change in the appearance of that tumour, is a fact sufficiently obvious; yet, if the uterus should happen to contain a large child, with an increased quantity of liquor amnii, the abdominal extension may appear equally large. Besides, twins or triplets, are commonly so adapted to each other, as to take up the least possible space. Each child may possibly be in motion at the same instant; and from that source, the mother may be impressed with the perception of movement in two distinct parts of the uterus; yet, women are so frequently deceived on this point, that little reliance can be placed upon their representations.

But although, during pregnancy, there is no regular criterion sufficiently indicative of the presence

of twins, after the expulsion of one child in the act of labour, the fact becomes evident in the continued size of the uterine tumour. Even during the process of expulsion of the first child, a suspicion of twins may now and then be excited, by the separate rupture of two bags of membranes. Yet in this idea, I have been occasionally mistaken, by a quantity of fluid being collected between the lamina of the chorion and amnion.

When two or more children are contained within the uterus, each child is surrounded by its proper membranes, and its own liquor amnii; each child has also its peculiar funis, with its distinct portion of placenta; through which its blood alone is circulated, and from which it is returned. That portion of the placenta, which is appropriated to the service of each child, therefore, has no communication or connexion with the neighbouring portion, except by mere apposition of parts, and by union of membranous tissue. When united, the several parts form one general placental mass; yet each possesses its own distinct circulation and function, entirely unconnected with that, or those, to which it is attached.

The first part of the process of labour, under a twin case, is usually slower than under a single child;

for that twin, which first gets possession of the brim and cavity of the pelvis, is only propelled downward, through the medium of uterine action upon the bag of membranes containing the second. A considerable portion of uterine activity is therefore wasted.

Presuming then, that we remain totally ignorant of the presence of a second child till after the birth of the first, the labour under the first child must be conducted according to the principles already established, whether the presentation be natural or preternatural. The same presentation, however, does not generally prevail in each child. If the first present with the head, the second may present with the breech, or any other part. If the first present with the breech or shoulder, the second may present with the head. Yet occasionally each child does present similarly.\*

After the separation of a new-born infant by the division of the funis, a hand must be placed upon the lower part of the mother's abdomen, as is elsewhere so strongly enforced.† If upon this act, the

\* In the case of quadruplets which occurred in Whitechapel, in 1813, each child presented with the breech. Vide case.

† Vide Part 1st, page 43.



abdominal extension be found to continue considerable, and the uterine tumour feel large and resistant, the uterus contains another child. But at this moment, I have sometimes known a source of deception to originate, in a large uncontracted uterus with the placenta within it; yet I am persuaded, that a little attention to the degree of size and hardness, will presently remove any erroneous impression, which may have been already imbibed.

The question, whether there is, or whether there is not, a second child ought in every instance to be satisfactorily determined by the preceding test, before any attempt is made to withdraw, or even to enquire into the state of the placenta. If the question should be decided in the affirmative, that mass must be allowed to remain in *statu quo* for the present. Any interference therewith might be productive of the greatest mischief. It will be a matter of professional policy, now to withhold from the mother her real situation, “that there is a second child behind;” yet the size of the abdomen may excite a suspicion that such is the case, and that she will again have to undergo similar sufferings. But however evasively any enquiries may be answered on the first point, the woman may be conscientiously assured, that the second child will

probably pass with greater ease and celerity, than the first, from the previous distention of the soft parts.

Having ascertained that the uterus does contain a second child, the next part of professional duty will be, to define the presentation by a vaginal examination. Previous to such enquiry, however, it will generally be prudent to allow the lapse of a short time for a return of pain, as well as to afford a truce for some recovery from the woman's preceding sufferings. If the head, or the breech, be now detected at the brim of the pelvis, the further part of the process may (for a short time at least) be safely entrusted to uterine agency without any interference whatever. But if any other part than the head or the breech, be there found, the child must be turned, and be delivered by the feet without further delay.

It usually happens, that uterine action is presently resumed, by which the second bag of membranes is protruded downward, and is in due time ruptured ; after which the second child is expelled with comparative facility. But if no disposition to a return of uterine action be observable within the space of an hour or two, the membranes may be ruptured by the finger, or a stilette ; and if, notwithstanding the escape of the liquor amnii, the same tendency to uterine inactivity should prevail for some time longer,

say two or three hours, I think the best mode of practice is to turn the child, and to extract it by the feet.\* For, although a return of uterine action may eventually take place, the time of that return is extremely uncertain ; it may be after a lapse of six, of twelve, of twenty-four, of forty-eight hours ; or even of a longer period. During this interval, the patient and her friends are kept in a state of anxious suspense ; there is usually more or less of a draining discharge, which renders the woman less able to bear

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\* I have been led to this opinion by the result of several cases which I have witnessed, the principal facts of one of which, I shall here detail.

The wife of a milk-man, near Goswell-street, a stout middle-aged woman, had been delivered of one child more than thirty hours, at the time I was called, with a second *in utero*. The gentleman in attendance had been all that time anxiously awaiting a return of the labour-pains, and had suffered hour after hour to pass away in disappointed expectation thereof. From the birth of the first child, there had been a slight yet constant draining from the vagina, the effects of which had then become obvious in the countenance. The head was presenting, but was lying high above the pelvis ; the uterus was large and tender, with the membranes unbroken. Upon the first view of the case, delivery seemed urgently necessary ; I therefore passed my hand and turned the child ; extracting cautiously, with but little uterine assistance. Hæmorrhage succeeded delivery, which induced me again to introduce the hand ; upon this act a considerable portion of the double placenta was found adherent. The woman after delivery was much exhausted, but she ultimately recovered.

the effects of artificial delivery, if it should prove necessary ; the parts become contracted, so that delivery is rendered more painful and difficult ; and the time of the accoucheur is consumed in a protracted, but very necessary attendance.

After the birth of a second child, before any interference with the double placenta, the state of the uterine tumour must be again explored by the application of the hand upon the abdomen. It may indeed happen, that the uterus may contain a third child ; the presence of which is again ascertained by its size and hardness. But, to avoid deception on this point, it must be recollected, that the uterine tumour is now increased in size from two causes ; from its containing a larger placental mass, and from its having undergone an increased state of evolution during pregnancy.

Should that question be decided in the negative, the management of the double placenta is the next, and no unimportant consideration.\* Two funes are at the moment hanging out of the vagina ; each of them longer or shorter according to circumstances. If, upon bringing one of them to its bearing in the

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\* For observations on the general management of the placenta, vide Part 1st, page 41.

usual mode, the mass to which it is attached, come within complete range of the exploring finger, that portion of the double placenta is in all probability separated from its uterine connexion. And if, after taking the same step with the other string, its mass can also be readily surrounded, that portion is probably in a similar state. In such a case, the double placenta may be withdrawn at pleasure; yet it is always satisfactory to have some previous uterine action, and to find the abdominal tumour hard and small. For the purpose of extracting the entire mass, twist the two funes around the finger, and bring each to its bearing at the same time.

But if, upon the above enquiry, both portions do not come within ready reach, any attempts to remove the mass ought for the present to be suspended; and time should be allowed for the descent of the whole, or for the appearance of such symptoms as may determine its prompt removal. Or if, upon the application of a moderate share of extractive purchase, each portion of the double placenta should not seem equally disposed to descend, or if either feel to be retracted, a similar mode must be adopted. Let it be kept in mind, however, that there is an increased hazard of flooding under the adhesion or retention of a part of a double placenta, from the larger space



the whole had occupied ; it may therefore be desirable to have recourse to its manual removal more early than under a single one. The exact degree of extractive purchase, which ought to be applied to the two funes for the above purpose, is not easily to be defined ; but it must be obvious, that the increased size of the entire mass must require somewhat more than a single one ; but if the whole should not seem to descend at the same time, great caution should be exercised in the attempt to withdraw it. The same general principles are also applicable to the management of the placenta of triplets, or quadruplets.

And here it may not be improper to caution a young practitioner against making any violent attempt to withdraw a double placenta by the application of mere force to the funes, when a resistance to his efforts is decidedly perceptible. If each portion should not kindly descend, and sufficiently so, as to satisfy his mind that each is entirely thrown off from its uterine attachment, (in case a prompt removal is called for,) he had much better effect that removal by the introduction of his hand, than attempt it by the application of a determinate power to the strings. Should any portion of the mass prove to be adherent to the uterus, the latter mode

would endanger its rupture, with its subsequent evil consequences ; it might even induce a fatal hæmorrhage.

An occurrence is now and then met with, which, from the degree of abdominal extension with which it is accompanied, may excite a reasonable suspicion, that more than one child is contained in the uterus ; yet probably, when the hour of expulsion arrives, that suspicion is not verified. I allude to an increased deposit of liquor amnii, forming, what is usually termed, a “ dropsy of the membranes.” In what manner, or from what cause, an increased quantity of this necessary fluid is thus accumulated, it may be difficult to define ; but it seems to me, that it can only be furnished by those uterine vessels, which supply the animal bag, from the inner surface of which the secretion issues. It can scarcely be supposed, that such a quantity of fluid can be provided from the foetal structure. Yet this serous augmentation seldom makes any unfavorable impression upon the mother’s constitution, except such as is produced by size, weight, or pressure. Nor does it appear to leave any injurious result upon the uterine system ; for, after the discharge of the fluid, the uterine structure contracts itself, and in due time regains its pristine functions.

The quantity of liquor amnii in any given case is variable and uncertain ; but in the one under consideration, it is highly excessive ; amounting in some instances to several quarts or even gallons, and producing an unequalled degree of extension and attenuation in the uterine parietes. The latter quality may exist to that extent as to make fluctuation under the hand distinctly perceptible, and to assimilate this state to ascites. But although there may be some similarity in external appearance, there is in reality a most essential difference between the two affections. Ascites is generally the consequence of constitutional or organic derangement, and is rarely cured ; the affection in question is local, confined within the uterine parietes, and disappears after the uterus is emptied. If however the latter state should unfortunately be mistaken for the former complaint, and a trocar be introduced, the consequences would in all probability prove fatal ; the uterine structure would be penetrated.

As such a mistake might prove so detrimental to the afflicted sufferer, I will endeavour briefly to state the chief grounds of distinction. Under a dropsy of the membranes, the woman has had all the incipient symptoms of pregnancy, feels satisfied that she is pregnant, increases rapidly and somewhat suddenly

in size within the space of a short time, and otherwise seems in tolerable health. Under ascites the common symptoms of pregnancy are absent ; there may indeed be a want of the menstrual discharge ; but that defect originates in the derangement of the general health. The increase of size is less rapid ; it gradually proceeds from week to week, under a diminished secretion of the urinary functions ; there is an obvious loss of health, and the disease usually occurs at a period of life when conception is out of the question. But it may also happen, that true ascites shall be combined with pregnancy ; yet it is a very rare occurrence. When this is the case, I presume that conception precedes the deposition of serous fluid within the abdominal cavity ; for that state of the system, which disposes to this disease, is extremely unfavorable to conception. This association of disease with pregnancy would form a puzzling union of symptoms, which it would be extremely difficult to dis sever and explain ; and which would require no small share of sagacity to avoid a mistake. In offering an opinion upon such a case, the judgment must be guided by those leading facts which present themselves to notice ; especially by the presence or absence of the usual symptoms of pregnancy ; not omitting to take advantage of those

indications, which are to be derived from a vaginal enquiry. The ascitic state would be without difficulty detected by its attending fluctuation ; not so, that of pregnancy. The intervention of fluid between the uterine tumour and the hand, would cause that tumour to be indistinctly traced, or even scarcely perceptible.

A high degree of extension is also produced by the secretion and accumulation of fluid within an ovarian sac. But this affection would chiefly be distinguished from the one under present enquiry by the slow advances the enlargement makes ; by its very gradual progress. If however, there should be even a shadow of doubt in any case, whether it is ascites, ovarian disease, or the above-mentioned affection, it would be prudent to suffer the common term of pregnancy to pass over, before any decisive means of relief be taken.

## CASE CLXXXV.

### *Twins ; a common Case.*

EARLY on the morning of Sunday, May 27th, 1821, I visited a poor woman of the charity in Petticoat Lane, who was stated to have been in slow labour



since the evening of Thursday preceding ; at the above hour, the os uteri was but little dilated ; the head was at the brim of the pelvis ; and the belly was large and tender. I saw her again at three p. m. I then discovered, that although the head was presenting at the brim of the pelvis, the face was turned downwards ; and the labour was advancing. At eight p. m. I made another visit, with the intention of delivering the woman by some means, if that procedure should be deemed advisable ; but finding that the labour was progressive, and the head descending, I left the case to the natural powers under the care of the midwife ; the child was expelled dead, and black in the face, within an hour. A second child was then detected within the uterus, which was likewise soon expelled by uterine action, apparently devoid of life ; but by immersion in warm water, and friction, this child was recovered. The double placenta was naturally thrown off, and the woman afterwards did well.

## CASE CLXXXVI.

*Twins ; both Children delivered by the Forceps.*

ABOUT noon on Monday, September 26th, 1829, I was called to a woman in Whitechapel, who had been in labour since Saturday morning, and the membranes had given way in the early part of that day. The head was then at the brim of the pelvis, without any apparent impediment to prevent its descent ; the os uteri was opening, and the pains were frequent and active. I recommended the attendant to watch the case, and to report its progress. In the evening, he informed me, that the head was descending ; that the woman's powers continued good ; and that he was desirous of waiting some time longer the result of the natural efforts. I visited this woman again on the Tuesday morning ; the head was now somewhat lower ; yet a large portion of it was still above the brim of the pelvis, with the face to the pubes. She had now been in active labour more than seventy-two hours, and there did not seem much prospect of its being soon terminated without artificial assistance. We therefore determined to offer that assistance, and getting the

forceps well applied, after some trouble, I extracted the head, and presently produced into the world a still-born child. But upon an abdominal enquiry, a second was detected in utero, which also presented with the head. A considerable discharge of blood presently took place, which induced me to rupture the membranes of the second child ; the head was after a short time brought down within reach of the forceps, by means of which that child was extracted living. The mother appeared to be now very much exhausted, so that it was deemed prudent soon to withdraw the double placenta. For some hours she continued in a very uncertain and low state ; but at length she became better, and ultimately recovered.

### CASE CLXXXVII.

#### *Twins ; second Child delivered by the Forceps.*

AT two P. M. Sunday, March 2nd, 1823, I was called by a professional friend to the assistance of a woman near Leadenhall Market. She had been in lingering labour for some days ; one child had been expelled at one in the morning in a very putrid state ; another was still in utero. Soon after the delivery of the first child, the woman had a violent rigor ; about

three in the morning her attendant ruptured the second bag of membranes, but no uterine action followed. At the time of my visit, the woman seemed to be considerably exhausted; but as the head was coming into the pelvis, and there seemed to be a disposition to a return of the pains, I abstained for the present from any interference. I saw the woman again at six P. M. she was still not delivered; but the head was lower, and within reach of the forceps; I therefore had recourse to that instrument, and soon extracted a dead child. After waiting some time for the descent of the double placenta, I felt called upon to introduce my hand for its removal; a large portion of which was found to be adherent. When I called the next day, the poor woman was in a sinking state; she had never rallied.

### CASE CLXXXVIII.

#### *Turning under a second Twin.*

At eight A. M. Friday, December 13th, 1816, my assistance was requested to a patient of the charity, who had been delivered at two in the morning of one child, with another behind in the uterus. At this hour, the abdominal tumour was large; there

were occasional pains ; and the second bag of membranes was entire ; under these circumstances I did not interfere. At three P. M. I saw this woman again. The membranes were still unbroken ; there had been but little uterine action ; the woman was cheerful and well ; but the presenting part was high and not readily detected. I now ruptured the membranes, and found the shoulder of the second child to be presenting ; I therefore immediately proceeded to turn, and the child was born alive. After waiting some time for the descent of the double placenta, a flooding commenced ; upon an examination, both portions were quite out of reach. The continuance of the flooding induced me, without much loss of time, to introduce my hand for its removal ; upon this act, one part was so firmly adherent to the uterine surface, as to require great care and trouble in its separation ; and during that separation, the hæmorrhage was violent, but the woman did not faint. I left her under a state of improvement, and promising to do well ; but I afterwards learnt, that after my departure, she began to droop, and expired within twelve hours after delivery.



## CASE CLXXXIX.

*Twins ; second Child presenting the Shoulder.*

ABOUT the middle of the day, April 15th, 1828, my assistance was requested to a woman in Whitechapel, who had had one child born more than two hours, with a second behind. The second child presented with the shoulder, and the membranes had been ruptured more than an hour, without the presentation having been detected ; as soon as the nature of the case was recognized, an unsuccessful attempt to turn the child was made by the attendant ; after this I was called. Having determined that the case was as described, I proceeded to turn the child, and effected my object without much trouble ; but the child was still-born. The double placenta presently followed, and the woman did well.

## CASE CXC.

*Twins ; second Child turned.*

ON the evening of Thursday, July 28th, 1829, I was summoned to a patient of the charity in Bethnal

Green, who had been delivered of one child thirty-six hours, with a second *in utero*, without flooding or any bad symptom connected with the labour. The woman was young, but her legs were very œdematous, and this was her first pregnancy. The head was presenting; the membranes were entire; and there had been no disposition to a return of uterine action from the birth of the first child. I thought it would be the most prudent practice to relieve the woman by immediate delivery; I therefore introduced my hand, readily turned, and brought into the world a living child. The double placenta presently followed. On the 4th of August, the œdematous state of the legs had much subsided, and the mother was suckling both her children.

### CASE CXCI.

#### *Twins; one left in utero three Days.*

IN the forenoon of Thursday, May 31st, 1821, my opinion was asked by a professional friend, upon the case of a woman, who had been delivered of a living child the day preceding at three P. M. who had a second child in utero; and who, from the time of the expulsion of the first, had lost all further return

of pain. I told him, that had I been attending the case, I would have delivered the second child before so much time had passed over; although it did not appear that the woman had hitherto suffered any inconvenience; but that under all the circumstances, I could not then advise immediate delivery. I recommended my friend to watch the case, and to await awhile longer the result. On the evening of Saturday, my assistance was requested; the woman still remaining undelivered of the second child. I then learnt, that on the morning of Friday, she had a violent shivering fit, which lasted a quarter of an hour; that no pains had returned from the expulsion of the first child till the middle of Saturday afternoon, when they became active; that the woman seemed nearly exhausted. The child's head was entering the pelvis, with the forehead to the pubes. It now seemed desirable, that this protracted labour should be speedily terminated; I therefore extracted the head by instrumental means, and the rest of the child was afterwards expelled by uterine action. After the delivery of the child, the woman began to flood very seriously; the uterus was at this time, to the external feel, flaccid and uncontracted. The hæmorrhage continuing, I presently found myself obliged to remove the double placenta by the intro-

duction of the hand, a portion of which proved to be adherent. After delivery, there was little external discharge, but the woman complained of being very ill; indeed the uterus had again relaxed, and had become much more enlarged. On pressure, a quantity of fluid blood was thrown off, so that internal hæmorrhage was going on. I applied a strong degree of grasping pressure for some time, and left the woman in a hazardous state. She did not long survive my departure.

## CASE CXCII.

*Flooding under Twins, induced by an attempt to withdraw the Placenta of the First-born.*

AT five A. M. November 27th, 1811, I was called in a hurry to a woman in the outskirts of London, who was stated "to have been delivered of the child some time before, and to be seized with a dangerous flooding." Upon my arrival at the address, I found a second child in utero, and the mother very much exhausted. The attendant, after the birth of the first child, without giving any attention to the chance of there being a second, got hold of the funis, and made an attempt to withdraw the placenta

thereby. This step induced a violent hæmorrhage. He now examined for the placenta, and detected a second child presenting with the shoulder. This discovery, along with the hæmorrhage, so far alarmed him, that he requested my assistance without delay. Without hesitation, I proceeded to turn the child, uterine action assisted its extraction, and the double placenta was presently withdrawn. I left the woman in a very uncertain state, from which she gradually rallied, and ultimately recovered.

### CASE CXCIH.

*Fatal Flooding after delivery of Twins, induced by an improper attempt to withdraw the Double Placenta, a portion of which was adherent.*

ABOUT half-after four P. M. Friday, June 13th, 1823, my immediate attendance upon a woman in the Eastern suburb of London, represented to be in great danger after delivery, was earnestly solicited. She had been in slow labour through the greater part of the preceding night, to the hour of one P. M. this day, when a living child was naturally expelled; another was immediately detected, which was also expelled about half-after two. After waiting some



time, the attendant made an attempt to extract the double placenta, but managed only to withdraw one portion, and to break off the funis of the other, leaving its mass behind. He then introduced his hand with the intention of getting away what still remained *in utero*, but was foiled in that attempt. The consequence of this mode of proceeding was a most violent flooding, which resisted all the efforts made to check it. In this dilemma, a neighbouring practitioner was called in, who did not chose to interfere; and therefore an appeal was made for my prompt assistance. This woman was already in the last stage of life from loss of blood, induced by the adhesion and detention of a considerable part of the placental mass; I had therefore no other alternative than to withdraw it by the introduction of the hand, and a careful separation of the adherent portion. Having effected that object, active means were used for the purpose of sustaining the remaining powers of life; but they proved of no avail, for the woman did not survive the removal of the placenta more than half an hour.

## CASE CXCIV.\*

*Dropsy of the Membranes, under Twins.*

A LADY, thirty-six years of age, the mother of several children, after the common symptoms of incipient pregnancy, became, soon after the fourth month, unusually large for that period of gestation ; at the same time complaining occasionally of a violent pain in the side of the abdomen, which would attack her suddenly, and as suddenly disappear. There were at this time a quick pulse, a dry tongue, with scantiness of urine, which was thick and turbid, and not more in quantity than half a pint in twenty-four hours. The swelling of the belly increased rapidly until fluctuation was perceptible ; which at first was obscure, but afterwards was more evident. Her respiration became quick and laboured ; general emaciation took place ; she appeared in great distress, yet the legs were not œdematous. The general symptoms now so nearly resembled those of ascites, that it became doubtful whether she was

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\* This case is furnished by an intimate friend.

pregnant or not. About the middle of January, 1812, a physician was consulted, who pronounced the case to be ascites, and prescribed diuretics. Soon afterwards she was seen by another physician, who was disposed to think the case one of ovarian dropsy; he prescribed purgatives, and mercurial ointment with camphor to be rubbed upon the abdomen. She was, after no long lapse of time, seen by an eminent surgeon, who considered the case to be ascites, and proposed tapping. Under all the circumstances of the case, the operation was thought desirable; yet, as there had been some doubts about pregnancy, it was previously judged expedient to enquire into the state of the uterus. A vaginal examination was accordingly made; upon which the os uteri was found a little open, and through it, a tense bag of membranes was detected; all further proceedings were therefore for the present suspended. Shortly after this examination, when the lady had reached something more than the fifth month of pregnancy, her usual attendant was called, in consequence of her being attacked with pains, which she considered to be labour-pains; at this time she was of an immense size. The pains presently became of a more decided character; the os uteri was considerably dilated, with a tense bag of membranes

protruding through it. He passed his finger through the bag, and a deluge of fluid immediately rushed out to the quantity of several gallons, flooding the room, and putting into requisition mops and cloths, to sop it up; upon this discharge the size of the belly disappeared, and the uterus began to contract more actively. Notwithstanding this sudden evacuation, the woman merely complained of faintness. The labour-pains went on gradually to the expulsion of a dead foetus under a breech-presentation, apparently between the fifth and sixth month. The state of the uterine tumour induced a suspicion that there was a second child; this proved to be the fact. Uterine action was presently re-established, and another dead child was expelled. When the after-births were withdrawn, the uterus was found to be well contracted; the woman afterwards went on well, and recovered her former health under common management in the usual time.

### CASE CXCV.

#### *Dropsy of the Membranes, under Triplets.*

AT two P. M. February 18th, 1815, I was called to

attend a lady in Leadenhall Street, in premature labour about the seventh month of pregnancy, but immensely large. I had not been long in the house before I was summoned up stairs. The lady had slight pains ; on making an examination, a large bag of membranes was protruded into the vagina, and almost externally. After the lapse of a short time, finding the os uteri fully opened, and the vagina extended, I passed my finger through the bag, and instantly a large quantity of liquor amnii poured forth, of which I caught a wash-hand basin full ; the rest escaped upon the bed and floor, to the amount of many quarts. The pains soon became active, and presently a dead child, in an incipient state of putrefaction, was expelled by the natural efforts. The abdominal tumour continuing large, I felt satisfied there must be a second child ; which a vaginal examination detected to be presenting with the breech. The labour-pains soon recurred, and expelled this child alive. An abdominal enquiry detected a third child *in utero* ; this child was also soon expelled by uterine action ; and was smaller in size than either of the preceding two. The triplet placenta was naturally separated, and was presently withdrawn. After delivery, the uterus was found to be well con-



tracted, and the subsequent discharge moderate. The lady was the mother of a large family, and recovered without any uncommon symptom.

## CASE CXCVI.

### *Ascites under Pregnancy.*

IN the latter part of the year 1819, Mrs. W. in Cripplegate, became in a family way, and in the early part of her pregnancy had symptoms of ascites. This complaint induced a suspicion that she might be mistaken as to the state of pregnancy ; she consulted an eminent accoucheur, who pronounced her to be pregnant. The process of gestation, and the dropsical symptoms, kept pace with each other to Sunday afternoon, August 6th, 1820, when she was delivered of a healthy living child, after an easy and quick labour, even before her accoucheur could arrive at the house. On the Wednesday following, I was desired to visit her : at this time, her abdomen was enormously swelled, with an evident fluctuation ; her breathing was rapid and difficult ; the pulse was small and quick ; she complained of constant pain in the belly ; and seemed to be in the greatest distress. These symptoms had been rapidly aggravated

since her delivery, especially the abdominal extension. Seeing no chance of even temporary relief but in the evacuation of the fluid, I requested that a surgeon might be called in, who introduced a trocar, and drew off between four and five gallons of limpid serum. The next day she seemed to be considerably relieved ; but in a few days it was too obvious, that the abdominal cavity was again rapidly filling ; in this way she lingered on for a short time, and gradually sunk. The woman was in her forty-second year, and had borne sixteen living children.

## CASE CXCVII.

### *Ovarian Dropsy under Pregnancy.*

IN the beginning of January, 1822, I was requested to visit a patient of the charity near Bethnal Green Church, who had very rapidly enlarged in size between the fifth and the eighth months of pregnancy. Fluctuation was distinctly evident under the hand, and the enlarged uterus was also to be felt as a solid firm tumour. The size of the belly becoming from week to week larger and larger, accompanied with much general distress in respiration, from the increasing encroachment upon the viscera

of the chest, I prevailed upon a late worthy surgeon to visit the poor woman with me ; who, seeing the degree of distress under which she was suffering, recommended the fluid to be drawn off by the trocar. The woman was in the first instance extremely reluctant to any operation ; but, finding that the most urgent symptom was daily upon the increase, after some further lapse, she assented ; my friend therefore on Wednesday, January 23rd, drew off, through the trocar-canula, a part of the fluid, and on the following day the remainder was taken away, which was pronounced to be of an ovarian character. On Friday evening, symptoms of labour commenced ; the midwife was called, and the child and placenta were presently expelled under a rapid process. I was immediately informed of this event, and saw her in a short time after her delivery ; she was then sinking ; yet the uterus had contracted well, and there had been little discharge.

The body was inspected the next day. The right ovarium was in a state of great disease and extension, adherent to the internal surface of the parietes of the belly several inches in diameter around the navel, and enlarged into an immense cyst of considerable thickness ; this cyst had burst, and its fluid, tinged with blood, had escaped into the general cavity of

the belly. The left ovarium was healthy and natural. The uterus also was free from any appearance of disease, and was well contracted. In the other viscera, nothing particular met the eye.

A natural question here arises. Did this change of structure in the ovarium exist before impregnation, or did it originate afterwards? I think that, in all probability, its foundation was laid before impregnation; and that the increased circulation through the uterine system, under pregnancy, greatly aided the rapid effusion into the cyst, and the subsequent enlargement.

## ON ABORTION.



ABORTION, or miscarriage, implies the premature expulsion of the contents of the impregnated uterus. This misfortune may take place at any intermediate time between the act of impregnation, and the completion of the common term of pregnancy ; but either of the preceding words is more generally applied to that occurrence in the early stages of gestation. The expulsion of the uterine contents after the seventh month of pregnancy, may be more properly termed “premature labour.”

The impregnated uterus of woman seems to possess a greater propensity to eject its contents prematurely, than the same organ in the brute creation ; yet, our domesticated animals are not entirely exempted from this accident. It is now and then observed by those men, to whom the care of cows and sheep is entrusted, that in an unlucky moment, one of these animals has expelled her expected progeny in an imperfect state. This greater propensity to miscarriage in the human species, may partly be



ascribed to the singular difference in the structure and mode of attachment of the placenta; partly to a greater degree of susceptibility in the uterine system, combined with the continued indulgence of the animal passions; but chiefly, perhaps, to a higher rate of mental perfection, and of nervous excitability.

Abortion also is a more frequent occurrence, in any given number of women, among those moving in the higher and better spheres of society, than among those of a more humble and a lower grade. A natural delicacy of constitution is almost the inseparable result of habits of indolence and indulgence; while a degree of masculine firmness is imparted by hardship and exertion. Under the former state, the female body becomes unfitted for the due performance of its destined functions; under the latter, the animal processes are conducted with a greater degree of vigorous energy; so that although such women are more exposed to the casualties of life, they are the less affected by them. Yet miscarriage is in every grade a source of anxiety and disappointment to a married woman; not only as far as her personal sufferings and her future health may be implicated in the event; but also in the extinction of the pleasing prospect of becoming a mother.

When the impregnated ovum has been received into the uterus, a stimulus of growth is communicated to that viscus; at the same time, a vascular structure is originated around the volume of the ovum, which becomes the medium of attachment to the uterine membrane; whence, for the present, are derived the means of nourishment. After the lapse of some weeks, the uterine vessels seem to be more particularly directed to one part of the organ, where the formation of the placenta takes place; this mass then assumes the functions of the preceding mechanism, and furnishes exclusively the supplies of future development. The enlargement of the uterus, the growth of the embryo, and the evolution of the placenta, are progressive and simultaneous; each and all are dependent upon the continuance of that vital principle, which was imparted to the ovum at the moment of conception. As long as the ovum remains in possession of that principle, it regularly acquires a state of greater maturity; but as soon as it is bereaved of vitality, all the coincident actions derived from that source, are immediately intercepted, and cease altogether. The uterine contents then become nothing more or less than a mass of dead animal matter; they neither impart any farther stimulus to the uterine system, nor derive any

advantage from its previous state of excitement; the further evolution of the uterus also from this moment ceases. In this state, that viscus may either remain for an uncertain time, or another process may be established within its parietes, by which it is enabled to rid itself of its lifeless incumbrance.

The principle of vitality is more feeble, and therefore is more easily destroyed from any given cause, in the early stages of pregnancy, than at a more advanced period. Hence we constantly find, that abortion is a more common accident before the time of quickening than after that occurrence; and it more frequently happens about the tenth or twelfth week of pregnancy, than at any other intermediate time of the whole term. The act of conception and the process of pregnancy are functions involved in such a degree of mystery, that it may be difficult to assign a satisfactory reason for the frequent occurrence of miscarriage at this particular time; yet I am inclined to attribute such frequency to some imperfection in that change in the circulation above noticed, which is about this time effected.\* But let

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\* I have not been able to detect the formation of the placenta and funis, before the completion of the third month of pregnancy.

it not be supposed, that by the act of *quickenings*, the foetus is influenced by any new agency, or becomes possessed of a different mode of existence. The sensations, which the mother experiences under the movements of the foetus, merely indicate, that her infant has attained such a degree of perfection, as to be capable of imparting a sense of motion to her feelings; whereby it is the better enabled to resist any injurious impression, which might previously have exerted a baneful influence.

The common opinion, which has hitherto pretty generally prevailed on the subject, and which even now in some measure influences the proceedings of our courts of law on the point, is this; "that the foetus in utero does not possess *life*, till after the time of quickening." This notion, both in a medical and a philosophical sense, is erroneous, and absurd. The embryo before quickening, as well as the uterine contents destined for its service, either possess the principle of vitality, and are alive in the strictest sense of the term; or they are bereft of that principle, and are lifeless. I cannot suppose an intermediate condition, unless that implied under the term *blighted ovum*, can be so considered. In the former state, they are enabled to proceed onward to improvement from week to week; in the

latter, they remain stationary, and neither give nor receive any beneficial impression, as long as they remain in the uterus. To the wilful destruction of foetal life after quickening, or in legal language, "after the woman is quick with child," is awarded upon conviction, the severest penalty of the law ; to that destruction before the time of quickening, is awarded an inferior punishment. Yet, in a moral point of view, the latter act is equally heinous ; it is perpetrated with the wicked intention of destroying the fruit of the womb ; of preventing the production of a human being into the world, in a state of perfection.

The causes of abortion are numerous and various ; the greater part of which originate in the mother. The agency of some of them is obvious to the senses ; that of others is so obscure, as not to be readily cognizable. There may be also some latent causes of this misfortune dependent upon the embryo itself, with which we are still less acquainted. Now, I think it is pretty evident, in order that the functions of pregnancy should proceed uninterruptedly, that the uterus should impart, and that the embryo should receive simultaneously, certain vivifying influences which originated at and by conception. Any occurrence, therefore, which can tend in any



degree to intercept or impair that mutual intercourse, must become an immediate, or a remote cause of miscarriage, either in a direct or an indirect manner. Among its more immediate and direct sources may be ranked external injuries; accidents; sudden excitement; strong mental impressions; and similar active agencies: among its indirect and remote causes, may be reckoned, natural delicacy of constitution; great irritability; uterine irritation from disease; and other latent affections. The former bring about their injurious consequences by a partial or total detachment of the ovum from the mother; the latter, by inducing a gradual extinction of the vital principle.

The course of a miscarriage is as variable as the cause, not only in different individuals, but in the same woman under different attacks. In some cases, the ovum slips, as it were, entire out of the uterus, with few previous, or concomitant symptoms. In other instances, it is thrown off piecemeal with extensive floodings, pain, and other alarming attendants. But the first threatenings are usually accompanied by more or less of a sanguineous discharge, which is sometimes rapid, fluid, and in large quantity; producing pallor of countenance, faintness, and other symptoms of hæmorrhage. At other times,

the blood flows slowly, being rather a drain than a flooding, with the occasional discharge of coagula of variable size. The woman usually complains of some obscure pains about the loins and lower part of the back, through the pelvis, and down the thighs; which, after continuing for some time slight, gradually increase in power, and at length become somewhat expulsive; in this state they are similar to the throes of labour, only slighter in degree and effect; they are also established for a similar purpose, that of ridding the uterus of its contents. If the ovum should be detached from its uterine connexion, and especially if it be expelled, the pains cease, yet a draining is afterwards kept up for some days. But it may also happen, that although the uterine contents, in the early stages, may be detached from their uterine connexion, they are not entirely excluded; they may remain loose in the uterine cavity, or in the vagina, from which, after the lapse of an uncertain time, they escape, either entire, or in a mutilated state. In the latter case, the discharges sometimes become offensive and irritating.

The quantity of hæmorrhage under abortion is not always proportionate to the period of gestation; for sometimes the loss of blood is so rapid, even in the

early stages, as speedily to induce symptoms of an alarming tendency. Yet a woman rarely loses her life, however threatening the symptoms may appear, at an early period ; unless the hæmorrhage is connected with uterine disease. Even under a miscarriage in a more advanced stage, in which the enlarged diameters of the uterine vessels enable them to pour out their contents with increased violence, a fatal issue does not frequently ensue ; after a time, uterine action is established, and the uterine contents are expelled. That action is generally exerted more regularly and actively in proportion to the uterine development, whereby the hazard is much diminished.

Even previous to the appearance of those symptoms which are usually indicative of miscarriage, an intelligent practitioner will frequently be led to suspect, that the process of pregnancy is not going on satisfactorily, or even perhaps that it is altogether interrupted ; in the absence or disappearance of those feelings with which its early stages are commonly accompanied. Of these feelings the most common are “ enlargement of the mammæ,” and that peculiar sensation, which (from its generally assailing a woman in the morning upon the change from a recumbent to an erect posture) has been always

called the "morning-sickness." Now, if from any internal and latent cause, the vitality of the embryo be destroyed, the breasts lose that increase and firmness which they had so lately acquired, and the morning sickness disappears. I will not enter into any physiological disquisition respecting the cause of this singular symptom, nor will I attempt to define the benefits imparted by it to the mother or to the embryo ; (but that it answers some good intention, I have no doubt) ; it is enough for my present purpose to state, that it is almost always a regular attendant upon the early stages of pregnancy as long as that process is in an active vigorous state. When that process becomes interrupted the sickness ceases ; and even in those few women, in which it is entirely absent, utero-gestation does not proceed with its usual regularity, and activity.

It has occasionally happened to me, upon visiting a lady in early pregnancy, to hear her complaining heavily of this troublesome symptom, and urgently requesting some means of relief. Upon seeing the same lady a few days after, she has told me, with feelings of high satisfaction, " that she has now lost her troublesome companion, and is quite well." An unfortunate change has, however, taken place within her uterus of which she is little aware, and of which

there are at present no visible symptoms ; but of which the unhappy consequences will most likely by and bye be seen. The sudden disappearance of this symptom should therefore put a medical man upon his guard ; it may even lead him to predict the probable result.

In cases similar to that above described, as well as in some, in which symptoms of miscarriage have made their appearance, no means of art can prevent the untimely sequel. Such a check has been already given to the process of pregnancy as is inconsistent with its further progress ; and the uterine contents must be eventually thrown off. In other cases, the process may be only slightly deranged, and by care and management the symptoms may admit of correction. Yet the distinguishing line between these two states may be so lightly coloured, as even to elude the closest observation. Under this uncertainty then as to the consequences, it will be the best policy to view each in the same light, and to act in both in such a manner, as if the certain means of preventing the dreaded misfortune were in our power. This mode of conduct will at least prove the most innocuous.

The first threatening symptom is usually what is called a *shew*, a mere draining coloured discharge.



In some instances, and especially within the two first months, this appearance is suspected to be a return of the menstrual period, which had undergone a suspension ; but its continuance or increase, with the accession of pain, by and bye removes that delusion. When pains are established, they proceed in a milder or more active manner, to the expulsion of the ovum, under varied symptoms in different cases.

Now in every instance, in which there is reason to believe that the woman is pregnant, upon the appearance of any coloured discharge, she ought to be strictly confined to a recumbent posture. Her nourishment ought to be of the lightest description, and if in a fluid form, it should be taken nearly cold. The bowels should be so regulated, that they may neither be confined, nor be purged. Each extreme is injurious. The medicines usually prescribed are taken from that class termed astringents ; such as the infusion of roses, with or without an increased quantity of acid, or with alum ; and others of a similar tendency.

It used to be customary upon the appearance of a coloured discharge under pregnancy, to have immediate recourse to abstraction of blood, and commonly in a tolerable quantity. This practice,

however, is now almost exploded, and justly so. I have seen few instances in which the detachment of the ovum, the cause of the hæmorrhage, could be traced to violent action in the blood-vessels of the mother. I have more frequently found that the reverse state has prevailed in her system. Bleeding without discrimination, therefore, must more frequently prove injurious than beneficial. Besides, no person can possibly prejudge the quantity of the vital fluid, which may be lost under the abortive process, if it should go on. Viewing then the effects of blood-letting in their proper light, it can scarcely be considered a preventive of the threatened mischief.

In the progress of a miscarriage there are two prominent features; the loss of blood, with the varied symptoms, which it induces; and the pains. With regard to the miscarriage itself, it is a matter of little moment; nor are the pains, considered exclusively, of much importance, as far at least as danger is concerned; they are established for the purpose of enabling the uterus to expel its useless incumbrance; so far, therefore, they are beneficial. Yet frequently a considerable degree of impatience is expressed under them.

If flooding should be going on actively, recourse may be had to the occasional application of cold to

the abdomen ; to the internal exhibition of ice, of iced fluids, and of acid astringent medicines ; and sometimes to the use of the *tampon* or *plug*. But under every attack, it is highly satisfactory to see a disposition to pain ; that indicates uterine contraction, which is the natural check.

In this, as in other instances from continued loss of blood, symptoms of a hazardous tendency are sometimes induced, which justly excite the apprehensions of friends, and which call for a large share of attention ; as well to obviate their present, as to avert their future effects. One of these, and one which, from its obvious impression upon the countenance, produces the greatest alarm, is syncope, or a state of constant faintness.\*

In the management of this symptom the practice must be guided by the present state of the woman. Under great exhaustion, it may become absolutely necessary to have recourse to the free exhibition of stimulants ; in the use of which, reference must rather be had to the effects thereby produced, than to the quantity necessary to produce those effects. When once, however, symptoms of returning vigour

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\* I have already discussed this subject so fully, that it is unnecessary here to engage in it again ; vide page 113.

in the vascular system re-appear, the further use of stimulants should be dispensed with. But in most cases, it will be merely necessary to give time for the gradual accommodation of the different parts of the vascular system to their relative situation ; and during that interval, a reclined posture, mild nourishment, and some appropriate medicine, will commonly ensure the patient's security.

Under a protracted miscarriage, it may sometimes become a question, whether artificial assistance can be offered with safety, and advantage. On this practical point, I think I may unequivocally state, that any forcible attempt to extract the ovum is generally inadmissible ; and that when such an attempt has been made, it has proved positively injurious. The more the exclusion of the whole of the uterine contents is entrusted to uterine action, the better does the patient afterwards recover. I do not mean to assert, that it may not now and then be expedient to make a vaginal examination to ascertain the state of parts, the progress the process of abortion has already made, or for any other explicit purpose ; but further than those objects such examination should be passive ; any active interference with the intention of separating the ovum, cannot be too much deprecated, and too carefully avoided.

That such an act is feasible, is in many instances sufficiently obvious ; but its feasibility is no evidence of its necessity, or of its propriety. Nor, when abortion is threatened at a more advanced period of pregnancy, even when the parts are dilating, and the membranes are protruding, is it desirable to hasten the process by the rupture of the membranes. That act may certainly expedite the expulsion of the fœtus ; but it will be at the hazard of the retention of the placenta, with its consequences. If no interference be offered, the whole ovum will probably be expelled in one mass.

It is not an uncommon occurrence, that the ovum shall be deprived of vitality, and yet shall not lose its adhesion to the uterine surface. In this lifeless state, it may be retained for weeks, or even months, being as it were dormant and quiescent, without exciting any general or local disturbance. After an uncertain time, however, uterine action is established, and the uterine contents are expelled under the usual symptoms ; but in a more immature state, than the expected period of pregnancy would seem to warrant. During the interval between the loss of vitality in the ovum and its expulsion, the usual symptoms of pregnancy are entirely intercepted. If an obvious increase of size had taken place in the



abdomen, that increase is suspended, and the belly becomes actually diminished; yet the uterine tumour in a thin spare woman, may be distinctly felt through the abdominal parietes. The mammary fulness also subsides; the breasts become soft and flabby; and the countenance is deprived of its natural and healthy appearance. If quickening had taken place, the woman loses all perception of that internal movement which she had been accustomed to experience; instead thereof, she has a sense of weight and coldness. The time which may elapse under this lifeless state of ovum, without the appearance of expulsive symptoms, is variable, from one week to several months; but expulsion must sooner or later be expected; yet I think this time is generally shorter at an early period of pregnancy, than at an advanced one. If the foetus should lose its life at the fifth or sixth month, it is not unfrequently retained till the expiration of the usual term of gestation. The case may be suspected by the suspension of the common symptoms of progressive pregnancy; which impresses the patient with the idea that every thing is not going on correctly; a degree of anxiety is in consequence excited, partly on account of the welfare of the mother, and partly in the disappointment which must necessarily ensue from the loss

of the babe ; yet it rarely happens that any serious mischief attends, or follows that process, by which the uterus is relieved of its inanimate inmate.

Symptoms similar to those attendant upon abortion are sometimes excited under the expulsion of other formations within the uterus, than that of a regular conception. In such instances, the nature of the case can only be determined by a correct examination of the substance expelled. Under that formation which bears the name of *mole* or false conception, we see many of the symptoms of incipient pregnancy, which induce a woman to believe herself to be in that situation ; yet, as time passes on, she does not find that quickening takes place ; or that the abdominal enlargement keeps pace with the supposed period of pregnancy. She presently begins to have her doubts, whether her previous anticipations can be correct or not. After continuing in this state for an uncertain time, with perhaps little alteration in her general health, she is seized with hæmorrhage to a less or to a greater extent, followed by pains which ultimately terminate in the expulsion of a solid lifeless mass, variable in size and appearances in different cases, yet totally unlike a regular ovum. After this expulsion, the uterus regains its pristine state, and may possibly become

subsequently impregnated. With respect to the source from which such formations emanate, a great diversity of opinion may exist; for my own part, I suspect, that they frequently originate in a blighted ovum, which retains its adhesion to the uterus, and thence derives its means of increase for a time. Be this the case or not, I am not aware that art possesses any power of preventing their formation. We must be satisfied with the fact, that they are now and then formed, and that after a time they must be expelled.

A similar set of symptoms are also induced under the formation and expulsion of hydatids from the uterus. We have in this case many of the symptoms of early pregnancy, which proceed onward for a time, and then terminate in the expulsion of the diseased structures, with flooding and other inconveniences. But there is this peculiarity attached to the formation of uterine hydatids. If the whole of them be not detached and expelled by uterine action, they are readily reproduced; in which case we shall have subsequent enlargement of the uterus. If the uterus rid itself entirely of them, that organ soon regains its original state.\*

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\* Some years ago I was called in a hurry to Hoxton, to visit a

Another kind of miscarriage, not a little perplexing both to the patient and to her medical attendant, sometimes occurs ; yet it is comparatively rare. A woman for instance conceives, and has the usual symptoms of incipient pregnancy. The process advances for a time, perhaps to near, or about the third month ; when, after moderate symptoms of abortion, she passes a perfect ovum. In due time she recovers her health, and believes herself, having thus got rid (as she supposes) of the uterine contents, to be free from the state of pregnancy. Notwithstanding this occurrence, after a further lapse of time, the woman becomes doubtful of her real situation ; she finds, that symptoms of pregnancy still continue progressive ; her abdomen enlarges ;

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woman, who was said to be in a state of the greatest danger from miscarriage. Upon entering the apartment, I saw a woman apparently in the last stage of life from loss of blood. Upon enquiring of the medical gentleman, who had been previously called, the nature of the case, he told me that his patient had miscarried, but that it was the strangest miscarriage he had ever seen, and immediately showed me a wash-hand bason nearly full of hydatids hanging together in grape-like clusters. I recognized the case instantly, and going to the patient, I plied her plentifully with brandy. The stimulus answered the purpose ; she began to rally, and by and by showed pleasing symptoms of recovery. The next day, she was much improved ; and from this time, she gradually got well.

and in a month or two, she feels a decided sensation of movement within the uterus. This renders her situation still more unsatisfactory, as the woman had an idea, that she had miscarried. The size of the belly gradually increasing, at the end of nine months from the time at which she dated her original pregnancy, she brings into the world a full grown living child.

The solution of this uncommon case, which may readily be mistaken for a state of organic disease, is simply this. The woman has originally conceived of twin ova, one of which escapes, or rather slips out of the uterus, without producing much disturbance to the welfare of the other. At least such a degree of disturbance is not excited as necessarily to intercept the further progress of gestation. The reserved ovum proceeds onwards to perfection, and a living child is expelled at the end of the common term of pregnancy. If the abortive process had been severe, or if both ova had lost their vitality, expulsion of both would necessarily have been the consequence.\*

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\* About the middle of December 1828, a lady consulted me at my own house respecting her situation. She stated, "that she was the mother of several children; that she had miscarried on the



In the year 1813, a gentleman from the country, transmitted to me the following account. "About the time of quickening, a lady, a near relative of my own, experienced the usual symptoms of abortion, and after a time, passed the ovum. She presently recovered, but continued large in the belly. At the expiration of eighteen or twenty weeks from the time of the miscarriage, her accoucheur was sent for in a hurry, with a request for his immediate attendance, as she was in labour. The Doctor said, it was impossible, as he had attended her but five months before, when she miscarried; and if she was in labour, she could not be at her full time. Upon his

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fifth of November preceding, under the usual symptoms; that her medical attendant saw the miscarriage, who seemed satisfied of the fact, and pronounced the ovum to be one at the third month; that before she passed it, she had some discharge, but none afterwards; and that, notwithstanding she had presumed that she had already miscarried, she had continued to increase in size, and was satisfied from her own feelings that she was still pregnant; if so, that she must be between four and five months advanced in pregnancy, yet she had not quickened." The uterine tumour was hard and solid under the hand, and the breasts were firm. I told her that it was possible she might have conceived of twins; and that one might have been passed. I heard no more of this lady, until the 5th of May, 1829, when her next-door neighbour informed me, that she had been safely delivered of a full-grown living daughter the day preceding, and was doing well.

attendance on his patient, however, he found the fact as stated to him ; she was presently delivered of a full-grown male child, and did well."

A case, somewhat the reverse of the preceding, is now and then met with, which may also be considered as a species of abortion, and which I have called, a *secondary fœtus*. A woman, for instance, conceives of twins, and one of them, from some cause or other, is deprived of vitality, while the other proceeds onward to perfection. When labour comes on, a living child is in due time expelled, of a maturity appropriate to the term of pregnancy at which the woman may have arrived ; afterwards another ovum escapes less perfectly formed. Symptoms of miscarriage may possibly have taken place at some period of the term ; but they have subsided without the expulsion of an ovum, and gestation has gone on to the time of labour. Now the following fact has occurred to me in several instances. "Although the imperfect ovum may have been deprived of the means of growth and evolution for months, and has been retained in a lifeless state within the uterus, upon its expulsion, it has exhibited no marks of putrefaction." This imperfect ovum has been, in some instances, expelled entire, the embryo being contained within its surrounding membranes ; in

others, the liquor amnii has been discharged, and the immature foetus has escaped devoid of covering. It may also happen, indeed, that the liquor amnii may have been discharged under the previous abortive symptoms, and the foetus alone retained; by the regular enlargement of the living ovum, the dead animal matter is then compressed against the uterine parietes, so that, upon its expulsion, it assumes some different form and shape; it is usually squeezed into a flattened mass. The two placentæ are frequently connected together; one part of which has commonly reached a more perfect degree of maturity than the other.

I have above hinted that, notwithstanding the immature ovum may have lost the living principle for a length of time, and have been retained in a situation apparently favourable to the putrefactive process, no tendency to that change is observed. It is however frequently found, that if a single conception should lose its vitality, and be afterwards detained within the uterine cavity, even for the short space of a few days, the animal structure, upon expulsion, will frequently exhibit marks of considerable advance towards putrefaction. To what principle can we refer that tendency in the latter instance, rather than in the former? It appears to me, that the continuance of

those functions (of that living energy), by which fœtal life is sustained and matured, imparts a *something* to the lifeless ovum sufficient to counteract the effects of the putrefactive process; and that, although threatening symptoms of miscarriage may have appeared, and have subsided, the general process of gestation has received little interruption, but advances onward to its specific pupose, the perfection of a living being.

That two children of different size, and to all appearance of different age, could be contained within the uterus at the same time, was a fact, which had not escaped the notice of the ancients; but it was attributed to *super-fætation*. By that term is meant, the possibility of a second impregnation, when pregnancy has been already some time established; when the process has made some advance. But an enlightened physiology has nearly exploded the idea of that occurrence; it is therefore quite unnecessary for me to engage in its refutation. Suffice it to observe, that after conception has taken place, the os uteri becomes entirely closed up by a mucous secretion furnished by its own structure, which intercepts all communication between the uterine surface, and the vagina. Without then referring this singularity to *super-fætation*, the case is sufficiently explained

upon this presumption; that conception of twins has taken place at the same moment; that for a time they have proceeded improving simultaneously together; that at length, one of the twins is bereft of life, and thence, ceasing to increase, remains stationary within the uterus; that the other gradually progresses to perfection, with the usual appearances of pregnancy; and that, under the act of labour, both are expelled; one in a state of maturity, the other less perfected.

The prevention of micarriage is a desideratum of no little importance; yet it is an object which cannot always (nay indeed it can rarely) be accomplished; for although the symptoms to external appearance may not be very threatening, the living principle in the ovum may be already destroyed. At least, such internal disturbance may have taken place, as does not allow of correction. But under the ignorance of either state, the probable means of bringing about that desirable event ought not to be entirely neglected.

When a woman has repeatedly aborted at the same period of pregnancy, it is almost impossible to prevent the recurrence of a similar mishap. It seems to be a matter of habit, which is with difficulty counteracted. The uterus in some instances appears to be unable



to extend itself beyond a certain degree ; so that its proper evolution ceases, and the wants of the ovum are denied. In other cases, the foetus seems to be destroyed by some accidental occurrence. Yet the defect, whether it may depend upon the mother, or upon the embryo, is generally so obscure, as to elude detection. The predisposing cause, therefore, must be variable in different instances ; the practice must consequently be suited to the presumed evil.

Should a woman, placed under the above circumstances, become again impregnated, every source of mental and animal excitement should be carefully avoided, and a state of positive quiet should be rigidly enjoined. The most trifling occurrence will sometimes induce symptoms threatening miscarriage; and even that apprehension, which is constantly foreboding an unhappy event, is highly detrimental. Yet in other instances, the uterus is so tenaciously retentive of its contents, that very serious bodily mischief is not productive of abortion. General management is rather to be depended upon in the prevention of that misfortune, than the effects of medicine ; for unless there is some evident constitutional defect, or a natural indolence of the intestinal canal, the influence of the latter can prove of little avail. Regularity in diet ; in the time of

the different meals ; in the hours of retiring to rest, and of rising in the morning, are points not undeserving attention. Heated and crowded rooms should be carefully avoided. But another matter also of perhaps greater importance than any of those above-mentioned (yet one of so delicate a nature, that it can scarcely be even hinted at with any degree of propriety), should not be overlooked; I allude to a temporary separation of husband and wife. I feel firmly persuaded in my own mind, that the uterine excitement arising from marital communication, is in many irritable women, highly detrimental to the internal process already established. A plausible pretext for bringing about that desirable but unpleasant object can seldom be wanting.

The interval between a miscarriage and another conception, may be beneficially employed, in a recourse to such general means as seem adapted to remedy that defect, which appears to be the cause of the repeated mishaps. The uterus ought to be allowed to lie fallow, as it were, for a time, that the organ may recover from the effects of the shock it has so lately undergone, and regain a due tone and energy for a future impregnated state ; for women liable to miscarriage, readily conceive again. It rarely happens that a plethoric disposition prevails in such

women; it will therefore be seldom necessary to have recourse to bleeding and active evacuations. It will more frequently be found that a reverse state is present; that there is a want of vigour in the functions of the different organs, especially those of the stomach, of the intestinal canal, and of the secreting and absorbent systems connected with them. To improve this state must be the object of medical attention, by such means as seem appropriate to each case. To the aid of medicine may be added regulation of diet, the use of cold or sea-bathing, exercise on horseback, and other means likely to assist the general intention. If leucorrhœa, or other vaginal discharge should be troublesome, its relief may be attempted by astringent injections; but a recourse to such means is not admissible, when impregnation has taken place.

After an abortion, it is not uncommon for a woman to complain of a *bearing down*; of a tendency to prolapsus uteri. This inconvenience is perhaps a more frequent occurrence after miscarriage, than after a regular labour. It is produced by too soon quitting the recumbent posture, and assuming an erect one. Little annoyance may possibly have been experienced under the preceding symptoms; and after the lapse of a few days, find-

ing herself tolerably well, the woman is unwilling to submit to longer restraint, but leaves her room, and resumes her usual occupations. Although apparently free from local or general ailment, those internal changes consequent upon the expulsion of the uterine contents are imperfect and incomplete. The uterus remains larger and heavier than before impregnation; its supporting ligaments are unable to sustain it in its natural situation; there is therefore an unusual sense of weight and pressure downward. The vaginal membrane also, having so lately undergone relaxation and extension, may not have regained sufficient tone and elasticity to enable it to add its influence to the proper support of the uterus.

A recurrence of hæmorrhagic discharge sometimes takes place upon stirring about and using exercise, even after those appearances have ceased for several days. This return is dependent upon a want of due contraction in the uterine vessels, and upon their extremities being again forced open by an erect posture and exertion.

For the relief of each of the states above described, a recumbent position becomes an indispensable requisite; which must be carefully and rigidly observed, until the symptoms are removed, or are

palliated. Those of the latter, although apparently more urgent, and productive of more present distress, soon subside, and give way to the usual means of relief; while those of the former are apt to remain obstinate, and sometimes even to become permanent, should relief not be obtained in the first instance. If the former inconvenience should continue after the natural changes are duly effected, recourse may be had to the use of astringent injections, and to mechanical support; yet I have great doubts of the ultimate utility of the latter means, except in cases, in which the uterus makes its appearance externally.

I may here be allowed the opportunity of advert-  
ing to an occurrence of no unusual frequency, not indeed a case of abortion, but always a source of great disappointment to the parties concerned, I allude to *spurious pregnancy*. By this appellation is meant "that state, in which a woman supposes herself to be in a family way, when in fact, she does not prove to be so." It seems scarcely credible, that a woman could be so far deceived, as to mistake an unimpregnated uterus for an impregnated one, and to continue in that error; yet this is now and then the case, even in women who have had a family.



It will sometimes happen that, from some cause other than pregnancy, the menses become interrupted ; and that, after a lapse of some time, enlargement of the abdomen either takes place, or is fancied so to do. This is considered to be indicative of that state, which the woman is willing to believe is established. She accordingly gives way in her dress ; indulges in those articles of food and drink to which she takes a fancy ; neglects a due attention to her bowels ; and continues to enlarge. By and bye a quantity of flatus is generated in the intestinal canal ; the rumbling of which from one part to another is mistaken for the motion of a child ; and thus her original impression becomes more and more confirmed. Her shape becomes altered ; the enlargement increases ; and she makes every preparation for an approaching accouchment. In daily expectation of the event, and perhaps even after having had her medical man in the house, week after week passes over, and no child makes its appearance. Suspicion is then excited, that some mistake may have been made ; and, upon a vaginal examination, the uterus is found to be unimpregnated.

A natural enquiry is then made into the cause of this abdominal enlargement, as well as of other symptoms, which have induced this resemblance of

pregnancy. It is always a more easy task to detect the absence of pregnancy, than the cause of enlargement, or any particular state of disease. In some instances, the symptoms are connected with a diseased ovarium; in others, with a deposit of fatty matters in the omentum, and under the abdominal muscles; in others, with a deranged state of the alimentary canal; and not unfrequently with a combination of these different sources of mischief. Yet occasionally, after the closest investigation, after the most minute enquiry into all the symptoms, no positive fact can be elicited to warrant the suspicion of any organic disease. It must therefore be obvious to every practical man, that a similar mode of treatment cannot be applicable to every case of this description; but it will generally be found that, by the exhibition of a few doses of calomel with purgatives, and afterwards of tonics; by the use of a proper bandage, and a residence at the sea-side, the symptoms disappear.\*

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\* As a specimen of this kind of case, I will here introduce the principal facts of one, respecting which I was consulted not long ago. A lady turned of forty, the mother of a family, was supposed to have the common symptoms of pregnancy, and managed herself accordingly. She enlarged in size, gave way in her dress, and from her own sensations felt satisfied, that she had quickened.

But pregnancy is sometimes suspected, even under the regular appearance of menstruation, merely from an increase of abdominal size. Organic changes in the different viscera within the abdominal cavity may occasionally occur, which may produce an increase of size, without, in the first instance, affecting the process of menstruation; the site and feel of these affections, combined with the symptoms attendant on each, must direct the judgment of the practitioner, in regard to its respective nature. But the most common affection inducing such a suspicion, is a diseased enlargement of one or other of the ovaries. In such case, there is a firm solid

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Her appetite became fanciful, and her bowels were neglected. In this way, she went on to the end of the ninth month, when some vaginal discharge took place, accompanied with slight pain in the back; these symptoms were considered to be indicative of approaching labour, and her medical man was summoned. Two months more passed away, and no child made its appearance. Still unwilling to forego the idea of being pregnant, from finding that her size continued stationary, my opinion was asked upon the case. The belly was certainly large; yet, even the hand on the abdomen could detect nothing like uterine tumour; but a vaginal examination clearly proved the uterus to be unimpregnated. This ultimately turned out to be more a case of fancy on the part of the lady than of disease; for by the exhibition of a few doses of purgatives, which brought away a quantity of black offensive fecal evacuations, the abdominal swelling subsided, and she regained her former state of health.

tumour, commencing on one side, gradually enlarging and extending over a great part of the cavity. If a decided opinion under such appearances should be required, the regular return of the menstrual discharges would bias the mind against the chance of pregnancy; yet a correct opinion could only be formed by a vaginal enquiry.

I will also here beg leave to obtrude upon the reader's attention, a few remarks upon another case, (not properly one of miscarriage, yet, which in reality is an abortive conception), viz. extra-uterine pregnancy. In this instance, impregnation takes place, but the impregnated ovum does not find its way into the uterine cavity; it is either detained in some part of the fallopian tube, or it is dropped into the abdomen. The former is the more prevalent occurrence. With whatever point the ovum comes into contact, it there adheres, and a vascular formation is established for the supply of nourishment and growth; while the neighbouring parts gradually accommodate themselves to its presence. In this situation, it goes on to increase, and to improve for an uncertain time. At length, however, either from deficiency of supply (whence it wastes and ultimately loses its vitality), or in consequence of the adjacent parts becoming tired of the presence of

their unwelcome neighbour, a process is commenced for the purpose of getting rid of this extraneous mass ; and, during its continuance, a number of anomalous and varied symptoms are induced, which too commonly terminate in the death of the unfortunate sufferer.

In the first stages of this state, the woman, under the impression that she is regularly impregnated, is disposed to consider her sufferings to arise from that source ; but, finding that they rather increase than diminish, finding also that the regular appearances of pregnancy are not sufficiently progressive, she begins to suspect some irregularity in her case. Week after week passes on in this uncertain manner, until she exceeds the usual term of pregnancy. The recurrence of pain, which she ascribes, from the completion of her time, to uterine action, induces her to call the assistance of her midwife or medical attendant, who can detect no symptom of labour. When a proper enquiry is made into her doubtful situation, a solid hard tumour is felt in the belly, more inclined to one side than the other ; yet the uterus is little developed. The history of the case may possibly excite suspicions of the presence of an extra-uterine fœtus ; but such suspicions are rarely verified, until the process of destruction has



commenced, and until the passage of animal matters *per anum* clears up the mystery. But to be more explicit on this subject.

The early symptoms of incipient pregnancy, yet somewhat varied in different cases, and under different circumstances, are usually met with. The catamenia are always suspended at the commencement, yet they occasionally re-appear afterwards. The woman is harassed with sickness at stomach, loathing of food, and other unpleasant feelings ; generally in a greater degree than under regular pregnancy. The uterine structure becomes slightly developed, and preparations are made within its cavity, by the formation of the deciduous membrane, for the reception of the ovum. After the lapse of an uncertain time, other symptoms, different from those of common pregnancy, make their appearance. Some of these, and especially obstinate costiveness, may be attributed to the effects of pressure upon parts destined to perform important functions ; others, to febrile excitement arising from irritation. The impregnated ovum is commonly arrested in some part of the fallopian tube under its progress through that uterine appendage. If the ovum be detained in a part of the fallopian tube, not immediately perforating the uterine structure,

that worm-like appearance becomes extended and thickened by a process of innate growth ; losing its natural appearance, its blood-vessels enlarge, and seem more particularly directed to that point at which the ovum adheres. An imperfect evolution of the embryo goes on ; abdominal enlargement is observed ; and in some cases quickening even takes place ; but the increase of size is not uniform over the whole surface, nor to the usual extent of common pregnancy. The enlargement proceeds more on one side than the other, and the tumour is generally tender to the touch, or under pressure of the hand. The case goes on in an irregular manner for an uncertain time ; at length, the imperfect supply of nourishment becomes unequal to the wants of the growing foetus ; it begins to languish ; its further development ceases ; and its vitality is gradually destroyed. From this moment the symptoms of progressive pregnancy disappear, and the process remains quite stationary. In some instances, the extra-uterine ovum will thus remain completely stationary for an unlimited time, enveloped within its own coverings, shut out from any communication with the abdominal cavity, and surrounded by the formations provided for its service ; producing in this situation little inconvenience, except such as arises from pres-

sure upon the neighbouring parts. Under this state of comparative quietude, uterine conception has been known to take place, to proceed in its regular course to its completion, and to the expulsion of a living child ; while the extra-uterine conception has remained in *statu quo*.\*

But more frequently in place of this favourable state of quietude, symptoms of local and general disturbance are excited ; partly by the presence and pressure of this extraneous mass, and partly by the inherent efforts of the constitution to rid itself of its misplaced guest. With this intention, an inflammatory process is established, attended with local pain, febrile symptoms, and other inconveniences. One effect of this process is, the commencement and completion of adhesive union between the cyst, and one or more folds of the intestinal canal ; or between the cyst and some portion of the abdominal parietes, especially about the navel ; or even between the cyst and the uterus itself. When this adhesive union is completed, the internal barrier is removed, and a free communication is formed between the inside of the cyst, the intestinal tube or other part opening externally. Another natural process is then

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\* See a remarkable case of this kind in the Philosophical Transactions for 1747, Vol. XLIV. Part 2nd, page 617.

commenced, by which the contents of the cyst are broken down; the soft parts of which pass into the canal or elsewhere, and are evacuated in a putrid state; some of the foetal bones also are got rid of in the same manner, but in many instances under painful and protracted symptoms. Should the woman be so fortunate as to evacuate the whole contents of the cyst, the symptoms progressively diminish, and she regains a tolerable state of health. More frequently, however, such distress and irritation are induced under the above exertions of the system for relieving itself, that its powers gradually give way; till, under severe suffering continued for a longer or a shorter time, the woman at length becomes completely exhausted, and dies a mere skeleton.

Sometimes, under the development of the ovum and the consequent extension of its coverings, the cyst, formed in the fallopian tube, bursts, and its contents escape into the abdominal cavity. The consequences of this accident are sooner or later necessarily fatal, but the symptoms attendant upon it are sometimes indistinct, and unsatisfactory. If the rent be large, and take place suddenly, the countenance becomes pallid, the pulse quick and feeble, with other usual symptoms of internal hæmorrhage; to

which is also added, the sensation of something having given way within the body ; but there is little or no appearance of blood externally, to induce any suspicion of abortion. If the cyst gives way more slowly, a more gradual loss of health ensues ; then come on great depression, occasional faintings, local pain, and other anomalous symptoms ; which equally proceed onward to the destruction of life. Yet, even before the accident, there is sometimes an increase of painful sensation in the tumour, which is more frequently situated on the left side, than on the right. In two instances, which I witnessed, and which occurred within a short time of each other, the fallopian sac burst about the tenth or twelfth week after supposed conception, and its contents, with a quantity of blood, were found post mortem in the pelvic cavity.

If the impregnated ovum be arrested in its progress through that portion of the fallopian tube which passes through the uterine structure, symptoms of a similar description attend the case, with the addition of others peculiar to it ; yet, the latter are rarely so striking and definite, as to determine the case during the lifetime of the patient. The whole of the uterine structure is for a time developed, as under regular pregnancy ; but that portion of the viscus, in which the ovum is detained, be-



comes more evolved and locally enlarged, than the other parts of the organ. Yet even in this portion, the process of evolution is irregular ; being partly the consequence of extension, and partly of growth, as under regular pregnancy. Although the uterus is thus partially impregnated (if I may be allowed the expression), and although the foetus may arrive at some degree of perfection, it has no natural exit. The ovum is inclosed within the substance of the uterine parietes, without any communication whatever with the internal surface of the viscus, or with the os uteri ; its contents therefore can never make their way into the world. Pains, bearing the character of labour-pains, may possibly be excited, and may repeatedly recur ; but they prove of no avail in relieving the uterus of its load. If similar occurrences to those above described do not take place, the impregnated sack must remain shut up in its present situation ; or it must induce symptoms ultimately destructive to life. The containing sac may give way before the expiration of the term of gestation, and its contents may escape into the cavity of the belly, the consequences of which must be fatal. Upon enquiry after death, the uterus presents a singular appearance ; one part of its structure appearing little developed with the os uteri attached to it ; the

other portion extensively enlarged, with an obvious rupture connected with the abdominal cavity, but without any opening into the uterine cavity.\*

In the treatment of cases of extra-uterine foetation, it must be evident to every intelligent observer, that medical aid can be of no service in removing the great source of suffering. Any indications founded on that intention must be vague and nugatory ; yet it will be the duty of the professional attendant to watch the progress of the symptoms, and to provide for their alleviation by such means as may be in his power. Yet, in attempting that object, those natural processes which are established for ultimate relief should not be counteracted. The regulation of the intestinal canal ; the alleviation of pain by sedatives ; of febrile symptoms by salines, antimonials, and similar medicines ; with attention to diet ; are perhaps the principal points deserving notice. Milk, with its various preparations ; jellies, and broths, offer the most appropriate forms of nutriment ; but if the stomach should refuse or reject such articles, others, more agreeable to the taste, or fancy, must be substituted.

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\* Cases LXXXIV. and LXXXV. in the first part, which at the time were thought to be rupture of the uterus, were of this kind.

## CASE CXCVIII.

*A Blighted Ovum.*

ABOUT the middle of February, 1822, my opinion was requested upon the case of a lady near the Commercial Road, who was suffering under an irregular, and not inconsiderable loss of blood from the vagina. I learnt, that she had become impregnated, as she suspected, in the early part of the October preceding; and that, when about eight or ten weeks advanced in pregnancy, she was attacked with a discharge of blood; with pain; and every appearance of abortion. These symptoms had returned at uncertain intervals to the time of my visit, and had undermined her health. She had been attended the greater part of the time by a respectable practitioner, who had given a variety of medicines without any effect. Suspecting that this lady might be pregnant, as she stated, I made a vaginal examination, but I got no satisfactory information from it. The uterus felt somewhat enlarged, but I was unable to say whether from pregnancy or disease; I was however persuaded of this fact, that she could not be four months advanced in the former state.

I saw her several times under a state similar to that above described ; yet could obtain no further insight into her real situation. At length, about the middle of March, she passed a perfect ovum with the embryo within it, free from any putrefactive process, and without more pain or discharge than she had repeatedly suffered, apparently about the tenth or twelfth week. After this occurrence all the symptoms presently disappeared.

## CASE CXCIX.

### *A Case of Secondary Fœtus.*

SEVERAL years ago, my attendance was requested upon Mrs. E. a young lady, who had been married some time, and who had had several miscarriages. During the course of the present pregnancy, upon which I was consulted, she had been repeatedly attacked with slight hæmorrhagic discharges, and pains threatening abortion, which had as repeatedly subsided. When she had attained the seventh month of pregnancy, however, she had uterine hæmorrhage succeeded by pains ; these ultimately terminated, after a common labour, in the expulsion of a living child, but which did not long survive the birth. The

uterus contracted well, and the placenta followed without trouble. When I called upon this lady twelve or fourteen hours after delivery, she seemed tolerably well, but she complained of pain, with a sense of pressure upon the external parts, as if something was about to pass through them. Not being satisfied with her account, I requested to make an examination, and immediately detected a substance of some kind in the vagina, pressing upon the perinæum, and external parts, of the size of an orange; behind which I could readily pass my finger. Introducing two fingers behind this mass, which readily gave way, I hooked out a perfect ovum; that is, “an embryo within its membranes entire, at little more than the third month of gestation.” Upon opening the membranes, there was a male foetus (the sex just discoverable), of about that age; perfect as far as it went, and without the least disposition to putrefaction.

The mystery respecting the repeated tendencies to abortion, was now satisfactorily cleared up. The lady had conceived of twins, and went on well to the third month, when one ovum lost its vitality. For the purpose of ridding itself of this dead animal substance, the uterus had instituted certain operations, which were counteracted by management.



## CASE CC.

*A Case of Secondary Fœtus.*

IN the year 1809, I was engaged to attend a lady in Aldersgate Street, under confinement of a first child. I was called in the night of Friday, August 11th; the labour proceeded naturally but slowly through the day and night of Saturday, and early in the morning of Sunday she was delivered of a living girl, of a moderate size and at full time. While I was tying the funis, the mother had a smart pain, which induced her to express her suspicions that there was a second child. Upon examining the uterine tumour, I found it sufficiently contracted, to allay her apprehensions of that fact. But upon my examining for the after-birth, I found the vagina entirely filled up by a *something*, far more solid than the after-birth. Taking advantage of a pretty active pain, I introduced two or three fingers behind this mass, and turned out a complete ovum, apparently about the fifth month of gestation, to which was firmly attached the placenta of the living child. The uterus contracted regularly, and the lady did well. Upon enquiry into the history of this lady's

pregnancy, I learnt, that she had married clandestinely, contrary to the wish of her parents, with whom she continued to reside. Some time about the period of quickening, she was attacked with flooding and pain, which induced her to suspect that she should miscarry, and to keep her bed for a few days. These appearances ceased, and she went on to the end of gestation, without any symptom indicative of twins, or of the loss of life in one of them. When the membranes were opened, the foetus was perfect, and did not shew the least disposition to putrefaction.

## CASE CCI.

### *A Case of Extra-Uterine Pregnancy.*

S. P. aged 40, the wife of a smith, living at that time near the London Road, Surry, had the usual symptoms of pregnancy in the Spring of the year 1812. She had not borne a living child for nine years before; but in the interval she had been twice in a family way, and had each time miscarried. In due time, she began to increase in size, but she remarked, that the enlargement was chiefly confined to the left side of the belly; and that she suffered

more than usual inconvenience from sickness, from pain in the belly, and especially from most obstinate costiveness. Some time in the month of June, she was accidentally bitten by a dog; this occurrence caused her much alarm, and to it she attributed many of her subsequent sufferings, but without any good reason. Towards the end of June, being then, according to her own calculation, nearly four months advanced in pregnancy, she applied to a neighbouring medical man for relief, from an unusual pain in the left side of the belly, striking through to the back; from sickness and pain in the head; and from a state of obstinate costiveness, upon which the common opening medicines would produce no effect. The above symptoms confined her almost entirely to her bed for some weeks, but after a time they were somewhat relieved, so that she was enabled to trail about the house. About this time, she began to feel the movements of the child; her mammæ were enlarged, and there was a secretion from them. The sensation of foetal motion continued for about two months longer, it then ceased; and its cessation was followed by flaccidity of the breasts. In the month of August, her husband removed to the neighbourhood of Whitechapel Road, and as she expected to be confined within a few months, she

engaged a midwife to attend her. Within a month or two afterwards, she had occasional pains in the belly ; her appearance now seemed almost as large as that of a woman near her full time, but the enlargement was not uniform over the whole abdomen ; the left side being more extended than the right. These pains induced the poor woman to call her midwife, who, from the nature of the pains, did not think the woman in labour, and did not examine. Not long after this first call, the midwife was again sent for ; the woman had now pains, not unlike labour-pains, with a sensation of bearing down, and a slightly coloured discharge from the vagina. The midwife at this time made a vaginal examination, but could detect no disposition to labour, and even said that the woman was not with child. Soon afterwards she applied to a medical man, who also, after a vaginal examination, pronounced the woman to be not with child. The belly had now become much less, and there was a slight prolapsus vaginæ. She went on suffering under pain, anxiety, and a variety of distressing symptoms, till the Spring of the year 1813, when she passed the thigh-bone of a child by the rectum, which was preserved ; having previously suffered under painful diarrhœa. She afterwards for many weeks had numerous alvine evacuations daily,

of a most offensive description, in which were occasionally detected pieces of putrid animal substances; and, which were succeeded by great emaciation, with an obvious diminution of the size of the belly. In the beginning of July, she became a patient of the Eastern Dispensary; to the physician of this charity, she merely stated, that she had considerable pain in the belly with violent diarrhoea; soon afterwards she died. The catamenia had returned during some part of the time of the preceding history.

She left a particular request, that her body should be examined after her death; assigning as a reason, that she was certain she had been with child. On dividing the abdominal parietes, the peritonæal lining of the abdominal cavity was so strongly cemented to the omentum and intestinal canal, that some force was required to separate them, by which the omentum, which appeared unusually dark-coloured, was torn. Upon following up the separation, a cyst presented itself, in which were seen the denuded bones of a well-grown foetus, separated from each other, even those of the cranium and pelvis; in this cyst was also a quantity of most offensive putrid fluid. Upon tracing its parietes, the arch of the colon formed the upper and back part; the omentum covered the fore part, and the fimbriæ of the left



fallopian tube were lost in the general mass. The right fallopian tube and ovary were healthy, as were the uterus and other viscera.

I ought to mention, that I did not see this woman during life, but the parts, after removal, were sent to me for examination, as the whole were taken from the body; the preparation is in my museum. I took great pains to collect all the facts of the case from the husband, and others who saw the woman. The case was published in the Medical and Physical Journal for October 1813; yet, I thought it right to restate the principal facts in this place.

## CASE CCII.

### *A Case of Extra-Uterine Pregnancy and Recovery.*

MRS. F. æt. 33, consulted me in the month of May, 1819, respecting a tumour on the right side of the lower part of the belly, which was hard and circumscribed. She was the mother of two children, the younger of which was nearly twelve years of age. During the month of August, in the previous year, 1818, her catamenia became suspended, from which circumstance, with other symptoms, she was disposed to consider herself with child. For some months in

the beginning of 1819, her breasts were regularly firm, with an appearance of milk in them ; but some time before she consulted me, the mammæ had become flaccid, and her general health had begun to decline. In March, 1819, she had a fall, and bruised her side and ribs ; but the injury was not so great as to induce her to apply for medical assistance. Soon after this injury, she was seized with pains in her belly, similar to labour-pains ; which harassed her more or less for a few days, and then subsided. At this time, May 1819, she was suffering under occasional pains in the belly ; she had a hard circumscribed tumour on its right side ; her bowels were very much confined ; and her general health was impaired. From these symptoms, and the general history of the case, I suspected an extra-uterine conception, and gave an opinion accordingly. In June 1819, she was admitted a patient of the London Hospital, in which she remained ten weeks under nearly a similar state. Here I saw her occasionally. Her general health seemed somewhat improved under the treatment of the medical officers of that institution ; yet, little alteration was observable in the size or site of the tumour. Finding but little relief, she went out of the hospital, and I lost sight of her for several months ; but, hearing by accident

of her address, and that she was daily passing foetal bones per anum, I got her again admitted into the hospital in June 1820. I learnt from her, that she had begun to void these bones in April, and that for four months previously she had suffered under a continued diarrhoea, which had undermined her health, and during which she had discharged large quantities of white, slimy, offensive matters from the bowels. While she continued in the hospital, she was suffering under varied symptoms, and was occasionally passing foetal bones per anum; which she carefully preserved. On one occasion, she was so much harassed by pain at the very lowest part of the belly, that Mr. Headington was induced to examine the rectum by the finger; upon which he found a bone sticking across that gut; he withdrew it, and it proved to be an entire parietal bone. The tumour in the belly gradually lessened in size, but did not entirely disappear. After remaining in the hospital for some months, she left it greatly improved in health. She has since made her appearance there now and then, and has pretty well recovered from the effects of her former situation.

The menstrual discharge was quite regular from March 1819 to February 1820, when it ceased.

## CASE CCIII.

*A Case of Extra-Uterine Pregnancy.*

ON the 28th of June, 1824, I visited Mrs. H. from whom I received the following account. “About Christmas, 1818, she supposed herself to be impregnated, and some months afterwards she began to enlarge in the belly, especially on the left side. When she was about five months or a little more advanced, she felt motion in this part, and there was a hard solid tumour perceptible there. Her medical attendant supposed her pregnant; but he dying, she became the patient of another professional man. After long expectation, and no child making its appearance, it was at length decided that she was not in a family way. A large tumour was perceptible on the left side, where it continued stationary. She occasionally suffered great pain in the belly with a constipated state of bowels, which required active opening medicines to relieve. On the 31st August, 1823, she was put to bed of a living girl at her full time, but the child did not long survive the birth. In March 1824, she passed a thigh bone of a foetus by stool, and in about half an hour afterwards

three rib bones in another ; the day following she passed a mass altogether ; and occasionally from that time to the present, the latter end of June, she has been passing foetal bones without much general inconvenience." I afterwards lost sight of the woman.

### CASE CCIV.

#### *A Case of Extra-Uterine Pregnancy. Fatal.*

ABOUT the middle of November, 1828, my opinion was requested respecting the state of Mrs. G. who was supposed to be pregnant, yet had exceeded the usual term of pregnancy. In the month of December, 1827, she had every reason to consider herself impregnated ; and after suffering under the usual symptoms, about the beginning of May following, she quickened ; and the movements of the child were afterwards occasionally so strong, as even to be seen through her dress. Some time afterwards she had two or three slight appearances of coloured discharge, on account of which she consulted a physician. In the month of August she was suffering under severe pains in the belly, which she considered to be the pains of labour, and which induced



her to call the gentleman, who was engaged to attend her in her lying-in. Upon his examination, he said, there were no symptoms of labour. Under the exertion of these pains, something passed *per vaginam*, which she assimilated to a "*piece of liver*," but which probably was nothing else than a firm coagulum. About this time she felt the movements of the child strong and lively, but soon afterwards they ceased entirely. Some watery discharge also took place from the vagina, which she attributed to the breaking of the membranes, and the evacuation of the liquor amnii. Some time after this a fetid discharge began to issue from the vagina, and I was told that a bone had passed not long before my visit. She had been long suffering under severe pains in the belly, and her bowels were very much confined.

Her general health at the above time did not appear to be much impaired; there was a large hard tumour within the belly, circumscribed, tender, and inclining rather to the right side. On a vaginal examination the uterus was small; the vagina felt generally flaccid; and the os uteri was somewhat open and soft. The woman had had several children, but all of them were born prematurely; no one had exceeded the the seventh month of pregnancy.

From the preceding symptoms, I had little doubt in my own mind of the nature of the case, and gave an opinion accordingly. I saw this woman several times at different intervals, but found little alteration in her symptoms. She was confined to the house, yet was able to stir about a little. In the beginning of the year 1829, a tumour formed at the umbilicus, which after some time gave way, and discharged, through a small opening, a great quantity of offensive fluids evidently mixed with fæcal matters; and towards the end of February, some of the phalanges of the fingers passed through this opening; similar offensive fluids were discharged by the rectum, and by the vagina also. About this time her health had begun to give way, and her appetite to fail; yet she was able to take some nourishment, and wine; although she suffered pain, it was not excessive. Her bowels acted five or six times a day, and her legs were becoming œdematous. When a firm degree of pressure was made on the parts about the navel, an increase of discharge ensued; and occasionally, the fluid might be made to spurt out to some distance. There was not much redness about the opening, except what seemed to be produced by the acrid nature of the discharge. She always suffered less pain when the discharge was free. It was pretty evident,

therefore, at this time, that there were several communications with the extra-uterine sac ; one or more with the intestinal canal ; one with the uterus or vagina ; and one with the external opening at the navel ; and that the contents of the sac were escaping sometimes by one outlet ; and sometimes by another. About the middle of March the discharge from the navel had much increased ; on the 17th of March, half of the lower jaw, a clavicle, and two ribs passed through the umbilical opening, which of late had much enlarged, and was surrounded by a more active blush of inflammation. On the 19th the other half of the jaw, three ribs, and a scapula made their escape, with some skin ; the discharge by the rectum and vagina was then much decreased. From this time the woman's strength began more rapidly to decline ; her countenance became pallid ; her appetite failed ; and her stomach sometimes rejected her nourishment. Other bones occasionally passed through the external opening ; two temporal bones, with the other clavicle and scapula, were afterwards voided. In this way she lingered under increased sufferings to the 19th of May, when she died.

The body was inspected the next day in the presence of myself, and three other medical men. The

general appearance of the body shewed great emaciation. The belly was flat, and had a degree of redness about the navel, especially towards the right side. A quantity of fetid gas escaped through the opening when the belly was pressed. Upon the division of the parietes, a cyst presented itself, adherent anteriorly to the abdominal parietes, and posteriorly to the folds of the intestinal canal and to the uterus; into each of which the sac had openings. The cyst contained a quantity of foetal bones, separated from each other; and in one of the small intestines a thigh bone was found. The uterus itself was not larger than usual; both the ovaries, as well as the fallopian tubes, were entire and healthy; I therefore suppose this to have been an abdominal conception.

## CASE CCV.

### *A fatal Case of Extra-Uterine Conception.*

ON Saturday, November 22nd, 1823, I was requested to visit a lady at Hackney, who was said to be suffering under symptoms of miscarriage; she had been married about three months, and soon after marriage had missed the usual appearance of her

catamenia. About five weeks before my visit, she had had a slight appearance of colour, a mere shew as it is called ; this had occasionally returned at uncertain intervals, and she seemed to be losing her health. She now complained of a continued pain in the lower part of the belly, between the right ilium and the navel ; the part was tender under the hand, but was not much swelled ; her pulse was little altered, and her tongue was clean. She had experienced the common symptoms of pregnancy ; had occasional sickness with retchings ; and had a dislike to every species of nourishment ; in short she had no doubt of being in a family way, and was fearful of abortion. She had been attended for some time by the family apothecary, whose attention had chiefly been directed to due relief of the bowels. I requested leeches to be applied to the pained part, and prescribed some aperient medicine. An appointment was made for me to pay a second visit on the Tuesday following ; but on the morning of that day, the lady's husband called to request me to postpone my intended visit to the following day, Wednesday ; and said, that his wife continued much the same, yet that she seemed somewhat relieved by the leeching. On the morning of Wednesday, however, I received a note from the brother of the



lady's husband, apprizing me of her sudden death, after four hours fainting and pain, with a wish to have the cause of death ascertained by inspection of the body. Upon enquiry into the circumstances of this unexpected event, I learnt that about eight o'clock in the evening of Tuesday, she was suddenly seized with faintness, while she was in the act of combing her hair and preparing for bed, after passing a better day than usual, and appearing in higher spirits but a few moments before. This sense of faintness continued, and became alarming to her friends. A neighbouring physician was called, who found this lady under all the pressing symptoms of some internal hæmorrhage, under which she languished but a few hours, and gradually sunk.

The body was inspected on the Thursday in the presence of myself, and three other medical men. On dividing the abdominal parietes, a quantity of fluid blood, in which were some large coagula, presented itself to view. On carefully searching whence this blood had issued, it was found to have escaped from the right fallopian tube; which was formed into a cyst or sac; and which contained an embryo of apparently about ten or twelve weeks development, and so far perfectly formed. The rupture of the cyst had produced the loss of blood.

The fimbriæ of the right fallopian tube were adherent to the ovary. The left ovary and fallopian tube were natural and healthy. The uterus itself was of a common size.

### CASE CCVI.

#### *A similar Case.*

IN the beginning of February, 1824, I was requested to visit a lady in High Street, Shoreditch, who was supposed to be ten or twelve weeks advanced in pregnancy, under very irregular symptoms; the mother of several children. Her general health was much impaired; her countenance was pallid; and she appeared anxious and dejected. Her general feelings satisfied her that she was in a family way. I visited her several times at short intervals; sometimes I found her somewhat better; more frequently she was obviously worse. I saw her on the morning of the 11th of February much in the same state as she had been in for some time before; and was again called in a hurry the same evening, with a message, that she was much worse. At this time she was suffering under faintness; a sense of great exhaustion; and under other common symptoms of internal hæ-

morrhage ; immediately the preceding case recurred to my mind, with an equal degree of danger to my present patient. Under the above symptoms, she became gradually exhausted, and died within a few hours.

Upon inspecting the body the next day, a similar occurrence had taken place. Conception had commenced in the left fallopian tube, which had become considerably extended ; the cyst had burst, and the embryo, apparently about the 10th or 12th week, had escaped into the lower part of the abdominal cavity, with a large quantity of blood.

### CASE CCVII.

*An anomalous Case, assuming many Appearances of Pregnancy.*

IN the evening of Tuesday, December 5th, 1826, I visited a lady in consultation with a most respectable professional gentleman at a short distance from town, the mother of a large family, who had been seriously indisposed for some weeks, and was supposed to be in the sixth month of pregnancy. She was complaining of considerable pain in her back ; of an intolerable itching irritation throughout the whole

surface of the skin ; and of tenderness in the abdomen. She had a small quick pulse ; a coated tongue, and a harassed countenance. But the most prominent symptom was, an excessive enlargement of the uterine tumour, with a painful extension of the whole abdominal parietes ; far exceeding the common size of the belly at this period of pregnancy ; equal indeed to that at the end of gestation, and offering an equal degree of resistance under the hand. This unusual enlargement had chiefly taken place within the last fortnight, and did not possess any obvious fluctuation. A vaginal examination added little information to that already obtained by external enquiry. The os uteri was slightly open, thin, and relaxed ; the cervix was extended, and scarcely perceptible. Under the impression of pregnancy, this abdominal extension could only be referred to a morbid deposition of liquor amnii ; a surmise verified in the result ; yet present interference did not appear to all parties desirable ; a temporizing plan was, therefore, for the present recommended. At a second visit the following day, the lady had passed a restless night, and had been much annoyed by the irritation on the skin. She continued in nearly a similar state to the afternoon of Friday the 8th, when parturient pains

commenced, the os uteri opened, the membranes protruded, but no part of the child could be felt by her medical friend. After some time the bag of membranes spontaneously gave way, and a very extensive rush of liquor amnii instantly followed. The uterus presently contracted, and in due time expelled a child and placenta apparently between the fifth and sixth months. After this event, the common occurrences subsequent to labour ensued ; the abdominal extension subsided, and the late unpleasant symptoms gradually disappeared. But on Tuesday, December 12th, this lady was attacked with febrile symptoms accompanied by pain in the belly ; but these were soon relieved by leeching and purging ; she was so much recovered on Saturday the 16th, being comparatively free from complaint, that I took my leave.

On Wednesday, December 12th, 1827, little more than a year from the preceding date, I was again called in consultation with the same parties. This lady was now suffering under general febrile symptoms, attended with considerable irritability of the stomach, which rejected almost every article of medicine and diet ; and with, as in the former instance, excessive irritation over the whole surface of the skin. She had a dejected countenance ; a small



rapid pulse ; a clammy mouth with a white tongue ; and was supposed to be somewhat more than three months advanced in pregnancy ; yet there was a size of belly, equal to that of most women near the end of gestation. The uterine tumour was distinctly felt under the hand large, firm, and resistant, and was extremely painful on pressure throughout its whole extent ; but there was one point towards the right ilium, where its sensibility was greater than in other parts ; the slightest touch was there bitterly complained of. More or less of a constant draining discharge had escaped from the vagina for the preceding five or six weeks ; which had been sometimes purely sanguineous, but at others, had been of a serous description, with the occasional appearance of small coagula upon the napkins ; in greater quantity during the night-time, but devoid of unpleasant smell. The uterine growth had increased gradually to its present size ; and although, under a suspicion of pregnancy, abortion had been expected, no indication of uterine action had yet appeared. A small quantity of blood had been taken away at the commencement of this illness without advantage ; and the present state of this lady forbade a repetition of that operation. Looking at the similarity of the symptoms to those above described in her last preg-

nancy, I was induced to attribute the abdominal enlargement to the same cause ; viz. to a morbid deposition of the liquor amnii ; but the sequel will shew, that it was the result of an uterine disease of a most singular character. The treatment was, for the present, merely directed to the relief of the more urgent symptoms by aperients and opiates.

During the interval between her recovery from the preceding confinement and the first week in August, this lady had enjoyed her usual state of health ; no vestiges of indisposition remained, except in the appearance of the countenance, which had not regained its usual aspect ; and to the time just mentioned, she had menstruated regularly and correctly. The catamenia then became interrupted ; and afterwards a gradual yet very unusual increase of size followed. Such symptoms naturally induced a suspicion of pregnancy in her own mind, in that of her husband and friends, as well as in that of her medical attendant.

On Friday morning, December 14th, the husband called upon me to say, that his wife was getting worse, and that he was desirous of a consultation with a celebrated accoucheur, now no more. Accordingly an appointment was made at four P. M. that day. Each made a vaginal examination ; but

the presence of pregnancy could not be satisfactorily detected. The cervix uteri was elongated and thickened ; the os uteri was soft, flaccid, and a little open, so as to admit the passage of the finger about half an inch within the cervix ; yet nothing like membrane was perceptible, and the general mass of the viscus was obviously much enlarged. Now although these appearances did not indicate a state of regular gestation, they were in many respects so similar to those under her last pregnancy, that we were strongly inclined to believe the lady again in that state. Under that impression, the treatment was merely palliative, and temporizing.

I visited this lady again on Monday the 17th, when I found the abdominal extension evidently and rapidly upon the increase, and its external surface equally painful to the touch ; in other respects there was little variation in the general symptoms. On Wednesday the 19th she was much worse, and it seemed to me sufficiently apparent, that exhaustion must presently ensue, unless some effectual means could be devised to check the progress of these alarming symptoms. Another consultation with the same parties was had at four P. M. Thursday the 20th. It was then remarked, that the lady had lost much ground within the last few days, and that the abdo-

minal size was rapidly increasing. Under the impression of pregnancy, a catheter was introduced high within the uterus, with the intention of discharging the liquor amnii, but none escaped; the instrument passed without obstruction, and was easily moved about, as if *in vacuo*.

At ten A. M. Friday the 21st, I was called in a hurry in consequence of the occasional recurrence of pains which were presumed to be indicative of uterine action. At my arrival they had subsided; but symptoms of a most alarming kind had ensued. The pulse was quick and tremulous; respiration was frequent and laboured; the countenance was sunk, with appearances of rapid exhaustion; yet the lady was at this time perfectly sensible; and there had been no increase of uterine discharge. The rapid approach of dissolution was too obvious, which took place a little before noon.

The body was inspected under a state of considerable decomposition on Saturday evening, December 22nd. The abdomen was tumid and soft under the hand, having lost its former firmness. On the division of its parietes a quantity of very offensive gas escaped. The uterus had an oviform shape, and was in size equal to that at the sixth month of pregnancy; it was flabby under the hand, and had

a red appearance on its external surface, yet not indicative of inflammatory action. The stomach and intestines were distended by gas; the other viscera had a healthy aspect. Upon removing the uterus out of the pelvis, the os uteri was open and flaccid, and within it was seen a tinge of dark redness, which was afterwards found to pervade the whole of its inner surface. Upon dividing the uterine structure, its parietes were thickened and enlarged, as under pregnancy, but no appearance of a foetus could be detected. The cavity merely contained a fibrous mass, about the size of a large egg, loosely attached to the posterior surface, and entangling within its substance, a number of small coagula. This mass was surrounded by a quantity of bloody purulent fluid, in which were floating other small coagula. The whole of the internal surface of the viscus was in a state of disease, which on a close inspection put on the appearance of granulating eminences; in some points, especially near the cervix uteri, its structure was destroyed by the ulcerative process, almost to the peritoneal covering. The uterine cavity would have contained a body equal in size to the infantile head at full time. The ovaria, the fallopian tubes, and the vagina had a healthy appearance.



This case exhibits a singular instance of uterine development and increase, in a disease of the uterine membrane of an ulcerative kind, which shewed many of the external appearances of pregnancy. The enlargement and growth of the uterine parietes were apparently the result of a natural effort to counteract the baneful tendency of this dangerous affection ; and the sanguineous and sero-sanguineous discharges were the necessary consequences. I think it extremely probable, that the large and comparatively sudden deposition of the liquor amnii in the preceding pregnancy was connected with the existence of this disease in its incipient state, and that the uterine membrane never attained a state of perfect health after the expulsion of its last contents. The principal difference between the enlargement of the uterus in the present case, and that under pregnancy, seems to be, that the former is accompanied with pain, the latter is free from that inconvenience. Yet neither is similar to that extension which is the consequence of copious amnial deposition.

ON

## RETROVERSION OF THE UTERUS.



THIS term is fully expressive of the nature of the case. The fundus of the uterus is turned downward and backward into the hollow of the sacrum ; while its cervix is pushed upward and forward against, or above the symphysis pubis.

The structure or function of the organ is not materially implicated under this affection ; at least not for some time. The symptoms subsequent thereto are merely connected with a change in its relative position, as regards the pelvic viscera, and those parts with which it is more immediately in contact ; and this change is only met with under a state of enlargement from pregnancy or disease ; generally under the former, rarely under the latter.

The occurrence usually happens suddenly ; and frequently without any apparent cause. It produces no immediate sensation to attract the attention ; it therefore escapes the cognizance of the woman herself at the moment, who remains ignorant of being the subject of any inconvenience, until an inability

to void the contents of the bladder warns her thereof. She has a natural call for that purpose, but is unable to answer that call; and after making straining efforts to evacuate the bladder, she finds herself utterly unable to accomplish the act. The fact is, that viscus is prevented from relieving itself, at the influence of the will, by a cause to be afterwards assigned. By the regular continuance of the renal secretion, the bladder becomes more and more distended, until the most painful sensations are experienced from that source; and if the state of vesical distention be not artificially relieved, the ureters will partake more or less of the same affection.

Another symptom induced by this complaint is, a sense of weight and pressure upon the rectum, whereby the free expulsion of its contents is impeded. Although there may be a strong inclination to relieve the bowels, the attempt thereat is either entirely fruitless, or terminates in the exclusion of mere fluid fæces or of wind. Should the case in the first stage be neglected, be overlooked, or be mistaken, a state of distress ensues, which is more easily to be conceived than described; all the appearances become highly aggravated, and extreme irritation with general excitement is presently induced.

Besides the preceding prominent and definite features of this affection, by the application of the hand to the lower part of the abdomen will be detected a circumscribed painful tumour, situated just above the pubes, extending over the lower part of the belly in proportion to the degree of vesical distention. Let it be kept in mind, that the fundus of the bladder is excluded from the cavity of the pelvis, in consequence of that cavity being already occupied by the enlarged uterus, and that the vesical tumour will be readily traced, extending itself from ilium to ilium in a greater degree than upward.\* After a time an involuntary oozing of urine, drop by drop, escapes through the urinary passage, which gives no sensible relief to the more urgent symptoms, but which keeps the parts and the linen uncomfortably wet.

Retroversion is only produced about that period of time, when the enlarging uterus nearly fills up the cavity of the pelvis, and before it emerges therefrom into that of the abdomen. Under pregnancy therefore, it occurs about the third, or between the third and fourth months of gestation. Should the

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\* This fact is apparent upon the comparison of the shape of an inflated female bladder, with that of a male one.

impregnated uterus by any accidental cause be so displaced before that time, its natural tendency to ascend would enable it to resume its original site ; and after it has cleared the pelvic cavity, its regular enlargement would preclude its return. If a woman about the third month of pregnancy, should experience a sudden inability to obey the natural wish to relieve her bladder, the attention should be immediately directed to this fact, that the uterus has probably undergone this relative change of position, and that the bladder is denied the exercise of its natural powers by mechanical pressure.

The original cause of the misfortune is generally a previously distended bladder, aided probably by some momentary occurrence, giving to it increased effect. By an unusual degree of pressure, the uterus gets an inclination downward ; which, assisted by its own increased weight and volume, turns the whole mass *topsy-turvy* ; its relative connexion with the neighbouring parts is thereby deranged, and its natural situation is nearly reversed. Now, instead of the fundus uteri being directed upward, as before the accident, it occupies the hollow of the sacrum, with a considerable portion of the pelvic cavity ; and instead of the os uteri being placed in the centre of the vagina, it is turned upward, and is fixed at,



or near the brim of the pelvis. Here then is a complete transition in the uterine position, producing corresponding inconvenience upon some of the neighbouring parts, especially upon the neck of the bladder and the urinary passage ; so that the egress of urine is entirely intercepted. Although the vesical distention was the principal cause of the original mischief, that painful symptom is still continued by the subsequent agency of the misplaced uterus.

The above symptom, occurring at the period already alluded to, will generally be sufficient to excite a suspicion, that a retroversion has taken place ; but it will be still more satisfactorily detected, and the case completely cleared up, by a vaginal examination. Upon passing the finger within the vagina, a round solid tumour, the fundus uteri, will be met with, filling up the pelvic cavity ; but the os uteri will be with difficulty reached, since it is lying against or above the symphysis pubis. Let it however be recollected, that in this examination, the finger does not impinge immediately against the fundus uteri, but against the vaginal membrane surrounding it. For the fundus uteri is turned back into the folds of cellular structure between the vaginal membrane and the rectum. If an examination be also made

*per rectum*, the same tumour will be detected pressing upon that gut.

The first and most obvious indication is, to empty the bladder by the introduction of the catheter. Vesical distention, being at the present the most distressing symptom of the complaint, should be immediately relieved ; if it be not timely attended to, it becomes replete with the utmost danger. The catheter is generally introduced with little difficulty ; yet every now and then, that object will call for some tact and management. I have known the instrument to have been passed through the back part of the meatus urinarius, without at all entering the bladder.\*

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\* Some years ago I was disturbed in the middle of the night by a message from a medical friend to go to his assistance in a case of retention of urine. He had attempted to introduce the catheter under a retroverted uterus, and had passed the instrument, as he thought, into the bladder, but no urine escaped. The woman's bladder was extremely distended, and from this cause she was suffering a great degree of pain. Upon attempting to introduce the catheter, the instrument passed readily enough, but no urine followed. I therefore was satisfied that the instrument had made itself a new passage. After some trouble, varying the direction of its point in different ways, I was fortunate enough to regain the urethra, and to reach the bladder, upon which the urine flowed plentifully. When I called the next day, the woman had voluntarily discharged her urine. I heard no more of the case.

As soon as the bladder is completely or even partially emptied, immediate relief is obtained for the present; and a state of acute suffering is changed to one of comparative ease. Yet it will probably not be permanent. If the retroversion continue, the bladder will again become distended, and will require the same means of relief; which may be repeated once or twice in the twenty-four hours, as the urgency of the case may demand. It may be here proper to remark, however, that the bladder ought not to be allowed to be fully distended at a future time; it should be relieved before the sense of pain becomes distressing.

When the urine has been drawn off, the contents of the intestinal canal should be in the next place evacuated. This object may be effected either by means of a purgative medicine, or of a clyster; the latter mode is perhaps, in the first instance, preferable. But its exhibition will require some caution, since the parietes of the rectum are compressed by the displaced uterus.

After the relief of the bladder and the free evacuation of the bowels, the uterus frequently rights itself; in that case all the symptoms presently disappear. The process of pregnancy then goes on, as if such a misfortune had not happened, and the woman suffers

no future inconvenience. At other times, the patient is not so fortunate ; the derangement continues for some time, notwithstanding the most correct treatment, and may even demand mechanical assistance for its removal. Yet this is a rare occurrence. By attention to the state of the bladder, and to that of the intestinal canal for a few days, the complaint is generally relieved, and its symptoms subside.

But if this should not be the case ; if after some days continuance the symptoms do not disappear ; it may become a matter of prudence to attempt the reversion of the displaced uterus by the hand. For, although that viscus occupies an unnatural situation, the process of pregnancy does not become immediately interrupted ; it proceeds onward for a time, so that the enlarging womb is daily increasing in size, along with its contents. If the organ be allowed to remain retroverted, it will extend itself in an irregular direction, adapting itself to the shape of the pelvic cavity, and becoming more and more impacted therein ; so that at length its replacement will either become impossible, or it will require the exertion of such a degree of force, as is incompatible with the welfare of the uterine contents.

If therefore, under the regular relief of the bladder for a few days, the uterus should not be naturally

re-instated, an artificial attempt to replace it should be made. With that view, let the woman be placed upon her elbows and knees, her body forming an inclined plane; introduce two or more fingers of the left hand within the rectum, for the purpose of pushing up the fundus uteri; at the same time passing one or more fingers of the right hand within the vagina with the object of drawing down the cervix uteri; by each hand assisting the other in the general intention, the uterus will occasionally be replaced.

Yet if this operation be attempted, let it be kept in mind, that the contents of the uterus are, in all probability, still possessed of vitality; and that no degree of force, inconsistent with that vitality, should be applied. If the life of the ovum be destroyed under the operation, abortion must ensue.

That the uterus has resumed its original situation is known by the disappearance of the distressing symptoms; by the voluntary evacuation of the bladder and rectum; and, on a vaginal examination, by feeling the os uteri in its usual place, near the centre of the pelvis.

If the bladder should be allowed to remain distended for any length of time, a very serious derangement of its internal surface ensues, as a con-



sequence of extreme extension. Its mucous surface falls into a state of disease, under which a large quantity of thick viscid mucus, sometimes mixed with blood, exudes from the vesical lining. Its muscular structure also loses somewhat of its natural tone, whereby it is disabled from exerting its usual contractile effort. Yet after some lapse, under proper management, this viscus regains its healthy state and powers.

Under the continuance of distressing and dangerous symptoms, it may even become an imperative part of professional duty, to terminate the process of pregnancy by inducing abortion.\* Yet as this proceeding involves in its consequences the certain destruction of the future prospects of the woman, as well as a high degree of professional responsibility, I think, that it ought not to be proposed, except upon grounds of the greatest necessity ; and not even then, without the sanction of a second opinion. This argument, however, may be adduced in its favour ; that, under a continued state of retroverted uterus, the foetus would probably not arrive at perfection. Miscarriage or premature labour would sooner or later ensue.

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\* Vide Case No. CCIX.

If the induction of abortion be determined upon, a considerable share of professional tact will be requisite in effecting that object without injury to the parts. For the os uteri, in these protracted cases, is situated so high, as to be with difficulty reached by the finger ; and even if it can be reached, its awkward situation does not readily admit the introduction of any instrument into the uterine cavity. In the only instance in which I have been obliged to perform this operation, I succeeded in my object by the introduction of an elastic bougie.

In several instances in which retroversion has taken place, I have found the brim of the pelvis not well formed ; there has been an unusual projection of the prominence of the sacrum, which has mechanically prevented the free ascent of the fundus uteri.

### CASE CCVIII.

#### *A Case of Retroverted Uterus.*

ON the morning of Friday, October 3rd, 1817, I was requested to visit a poor woman in Church Street, Mile-End New Town, who was suffering under retention of urine. I was told that she had not passed her urine voluntarily for three weeks ; yet, that an

involuntary dribbling had occasionally taken place without giving her any relief. The vesical tumour was large and painful. I immediately passed the catheter, and drew off a large quantity of fetid offensive urine, by which the previous sufferings of the woman were instantly relieved. Suspecting the uterus to be retroverted, I passed my finger into the vagina, and detected the fact. On further enquiry, she supposed herself to be nearly four months advanced in pregnancy. Some aperient medicine was ordered, and the catheter was daily introduced. In the beginning of the following week, I made a powerful effort to revert the uterus, but without success. The attempt was repeated a few days after, with an equally unsuccessful issue. The woman was now consigned to the care of one of my pupils, who relieved the bladder twice a day. Towards the end of November, the symptoms continuing, with costiveness, nausea, occasional vomiting, and a considerable degree of emaciation; I made another violent effort to replace the uterus, but I still did not obtain my object.

On Sunday evening, December 14th, the gentleman in charge of the poor woman, wrote to me to inform me, "that the membranes had broken, and that the liquor amnii was discharged, with the com-

mencement of labour-pains." I went immediately to the poor woman's assistance, and on examination, I found the pelvis completely filled up by the enlarged uterus, with the os uteri open above the brim of the pelvis ; pressing against the abdominal parietes, through the emaciated structure of which, the hand could distinctly detect the opening uterine mouth. Under this state of things, I hardly knew what step to take ; but thinking it absolutely impossible, that the child could pass into the world with the mouth of the uterus pressing against the parietes of the belly, I determined on making another, and a very active attempt to produce a change in the uterine situation. Kneeling down by the side of the bed, I introduced the whole of my left hand into the rectum ; then passing my right hand between the woman's thighs upon her belly, I pushed up the fundus uteri with the palm of my left hand, at the same time drawing down the cervix uteri, and parts adjoining, with my right hand. After some efforts, attended with great pain to the woman, I felt the uterus give way upward, and the tumour in the pelvis to disappear. Upon making a vaginal examination, I was pleased to find the os uteri in its proper situation, somewhat open, and presenting part of the child to be felt. I then left the woman in

charge of an experienced midwife, by whom she was safely delivered of a *living* child in about two hours after my departure. The child had not quite attained the seventh month, and only survived to nine o'clock the next morning. The woman during her confinement presently began to rally, and ultimately recovered her previous state of health.

It is probable that, if this case had been properly attended to in its early stage, if the bladder had been merely relieved daily by the catheter, all the future sufferings of the woman might have been prevented. Notwithstanding the uterus was retroverted for months, the vitality of the child was not destroyed. Yet the uterus must have been strongly compressed within the pelvic cavity, to which it had adapted its shape; but some part of the enlarging viscus had extended itself above the pelvis irregularly. I think that the ultimate success in replacing the uterus depended upon the sudden diminution of its bulk by the discharge of the liquor amnii; a fact that may lead to future improvement in practice in cases of danger.



## CASE CCIX.

*A singular Case of Retroverted Uterus.*

ON Saturday, March 11th, 1826, at the request of her husband, who represented his wife to be suffering under retention of urine, I visited Mrs. H. in Southwark. Upon entering her room, the lady was in a half-sitting, half-standing posture at the foot of the bed, with a chamber-utensil under her dress, into which was dripping every now and then, a drop of urine. Her medical attendant was sitting in the room, to whom I addressed myself, and enquired the nature of the case? He replied, "that he did not exactly know, but he thought it was *ovarian*." I requested the lady to permit me to put my hand upon her *stomach*; upon which I immediately detected a highly distended bladder, reaching much above the umbilicus, and extremely tender under the hand. Desiring her to recline upon the bed, I passed a catheter into the bladder, and drew off a large wash-hand basin full of most offensive urine. The lady immediately exclaimed, "Oh! I am in Heaven." Upon enquiring into the commencement and duration of her sufferings, I learnt, "that on

Saturday night, February 25th, Mrs. H. went to bed perfectly well, being then about three months advanced in her second pregnancy ; but that on attempting to relieve her bladder on Sunday morning, she found herself unable to do so. After repeated unsuccessful efforts to accomplish that object, she called in the medical man then present, who began to ply her plentifully with medicines, and who had visited her regularly from day to day, without procuring for her any relief." Thus had this respectable woman been suffering under the extreme agonies of a distended bladder for fourteen days and nights, without any effective attempt having been made to relieve her !! The bladder was all this time merely prevented from bursting, by the dropings mechanically forced out of the urinary passage by the degree of distention.

After relieving the bladder, I passed a finger into the vagina ; I then found that the uterus was retroverted, its fundus was filling up the pelvis, and its cervix was close upon the pubes. I contented myself for a day or two with merely passing the catheter daily, and with the exhibition of an occasional opiate ; but on Monday, I made an attempt to replace the uterus, which proved unsuccessful. The day following I made a second, and a more

powerful effort with the same intention, but with no better success. On Wednesday, a quantity of viscid mucus fell to the bottom of the vessel in which the urine was received. It now became necessary to empty the bladder twice a day. On Thursday evening a quantity of fluid blood followed the escape of the urine. On Friday and Saturday, little more than fluid blood passed through the catheter upon its introduction. At this time the lady's strength seemed to be giving way rapidly ; she appeared extremely ill ; her countenance was pallid and dejected ; and the uterus continued retroverted. There was evidently a state of great derangement in the bladder from its previous distention. I now stated to Mrs. H.'s friends, that if some means of permanent relief could not be devised, the case would probably prove fatal ; at the same time I suggested the propriety of inducing miscarriage. As this however was a practice somewhat novel, and its success evidently uncertain, I requested a consultation. The next day, Sunday, March 19th, an accoucheur of acknowledged professional attainments met me. After he had made his own examination and enquiries, he entirely acquiesced in the propriety of the practice I had proposed, viz. that of inducing miscarriage, as the most likely means of obviating the symptoms ;

but the difficulty seemed to both of us to be, in the power of effecting it. Not being at the moment provided with any proper instrument for rupturing the membranes, I deferred the operation till the evening ; when I attended with such means as seemed likely to accomplish my intended object. After drawing off the urine, which was still mixed with a quantity of fluid blood, I passed two fingers of my left hand by the pubes upon the os uteri, over which I introduced a bending bougie, and was fortunate enough to insinuate its point within the os uteri, by which the membranes were ruptured. A proof of this fact was immediately evident in the escape of the watery fluid. The next day, Monday, passed over, as several previous days had done ; the bladder was twice emptied by the catheter ; and my patient appeared extremely ill. About five o'clock on Tuesday morning, an urgent message was sent to my house, to request my immediate attendance, "as Mrs. H. was supposed to be dying." I went instantly, and on my arrival at the bedside, I found the foetus expelled ; the small placenta was loose in the vagina, which I withdrew ; the uterus had resumed its proper situation, and was contracted. The case was so far quite satisfactory ; yet the lady appeared to be in a very dangerous state ; she had,

however, lost very little blood under the process of miscarriage. Through this day, and that of Wednesday, she continued very ill ; now the urine began to pass *involuntarily*. On Thursday morning, having obtained some comfortable sleep during the night, she appeared somewhat improved ; this day she voided her urine *voluntarily*, mixed with a large quantity of thick viscid mucus, which fell to the bottom of the vessel. On Friday and Saturday she was evidently getting better ; she passed urine frequently at will ; and at each call more than one half appeared to be viscid mucus, sometimes tinged with blood. Henceforward, this lady gradually recovered ; the quantity of mucus daily diminished ; but after some days, the sediment in the urine assumed a more puriform appearance. This gradually became less in quantity, and by and bye ceased altogether. In the space of six or eight weeks she regained her usual health ; the bladder acquired its natural functions ; and the urine became free from deposit.

The medical treatment of this case was such as the respective symptoms called for ; consisting chiefly in the exhibition of opiates, aperients, and salines.

About Christmas following, Mrs. H. became again pregnant, and when she had reached the third



month of gestation, the uterus became retroverted a second time ; attended by its regular concomitant, retention of urine. After the bladder had been relieved a few times by the catheter, the uterus spontaneously righted itself, without the necessity of other assistance. She afterwards went on to her full time, and was delivered of a living child the latter end of September.

A degree of ignorance and of obstinacy was displayed in the early management of this case, which is rarely met with now-a-days in the medical profession ; but I have generally found, that ignorance and obstinacy are too frequently combined. Other assistance had been frequently requested ; but it had been as constantly resisted by the attending practitioner, who, unfortunately for his patient, enjoyed too much of her confidence. It could scarcely be credited, that in this age of obstetric improvement, any man could be so negligent of an obvious duty, as to permit a bladder to be distended for fourteen days, under his immediate eye, and not to attempt its relief ; yet so it was. If the urine had been drawn off early in the case, as the bladder became distended, before the enlarging uterus had become wedged within the pelvis, the future sufferings of the mother, and the loss of the child would most pro-

bably have been prevented. The success of that treatment in the second retroversion seems, at least, to lead to that conclusion.

The reader may perhaps suppose, that I have been too prolix in the relation of this interesting case, and too severe in my remarks upon the conduct of the medical attendant. On the former point I must beg to observe, that the symptoms from day to day evinced the derangement produced by previous distention in the mucous surface of the bladder; and on the latter, that I have no other object in view, than to offer them as a caution to my junior brethren to avoid similar conduct.

## CASE CCX.

### *A Fatal Case of Retroversion of the Uterus.*

JANE C. a married woman, æt. 31, became pregnant in December 1828, and some time about the middle of March following, on endeavouring to reach something from a shelf above her head, she had a sensation of a *giving way* within her, which was followed by an inability to pass urine; yet a little escaped now and then *involuntarily*. She was a severe sufferer for some weeks, and on Wednesday,

April 22nd, 1829, she applied to a public charity for relief. At this time, the belly was extremely tender under the hand, and as large as that of a woman seven months advanced in pregnancy. Her pulse was small, quick, and irregular ; her tongue was white and dry ; her countenance was pallid, and shewed marks of great anxiety. The catheter was introduced by the professional attendant of the charity, and nearly three quarts of urine were drawn off, but at several times ; for it was found, that the apertures of the catheter became so plugged up with mucus, that the instrument was obliged to be withdrawn, and re-introduced. The urine was highly offensive, of a reddish brown colour, and on cooling presented the appearance of a mixture of mucus and serum. The day following, she appeared to be somewhat relieved ; the catheter was twice introduced, and about two pints of urine were withdrawn. On the Friday morning she had passed a restless night ; her tongue was brown and coated, and several unsuccessful attempts were made to relieve the bladder. I was requested to see her this day about noon. She had now become extremely averse to receiving any assistance, and obstinately refused to permit the introduction of the catheter. I passed a finger within the vagina, and found the uterus to be

retroverted ; but no persuasion could induce the woman either to permit the introduction of a catheter, or that of a bougie into the uterus for the purpose of rupturing the membranes, and thereby of inducing miscarriage. She lingered in a state of extreme suffering to the time of her death, which took place on Thursday, May 7th.

Inspection of the body was with some difficulty obtained. On dividing the abdominal parietes, some fluid escaped, which seemed to be a mixture of serum and pus. Adhesions had formed between the transverse colon and the abdominal parietes, as well as between the colon and the fundus of the bladder. The bladder was large and flaccid ; its peritonæal covering exhibited marks of inflammation ; its mucous lining was in a state of great derangement, covered with a substance of a semi-fluid consistence, which might be drawn out in shreds of a lymph-like kind ; when this was removed, its lining was rough, flocculent, and the whole vesical contents were extremely offensive. At the point of adhesion between the bladder and colon, the ulcerative process had taken place, so that there was a free communication between the two cavities. Both ureters were much distended, especially that on the left side. The uterus was completely retroverted, with the os uteri

at the pubes ; the body and fundus were filling up the pelvis, with its lateral part rising upwards toward the abdomen, just above the brim. It contained a male child of somewhat more than four months development, and a large quantity of liquor amnii ; it appeared quite healthy in its structure.

This is an instructive case, and offers a good specimen of the resources of Nature in such instances. It shews the difficulty of replacing the uterus, when it has been some time retroverted ; and that, notwithstanding the degree of pressure which that viscus suffered, the life of the fœtus was not thereby destroyed. The womb seemed to be so tenacious of the important process going on within it, that no means, except the rupture of the membranes could check it.

## CASE CCXI.

### *A Case resembling Retroversion of the Uterus.*

ON the evening of Friday, March 31st, 1820, I was requested to meet a respectable physician and an apothecary in consultation on the case of a woman, who was suffering under very uncommon symptoms. This woman had been married several years, but



had not become pregnant. She had complained of an enlarged belly for some time, and for the previous three weeks, she had experienced obstinate costiveness, with a very scanty evacuation of urine. Various kinds of active purgatives had produced no effect upon the bowels. At the time of my visit, she had a tumid belly ; had passed no urine voluntarily for some time ; yet some was constantly dribbling away ; and the bowels could not be moved. Suspecting the bladder to be distended, I introduced the catheter, and drew off in the presence of the medical gentlemen, a wash-hand basin full of urine. This produced immediate relief. I then passed my finger into the vagina, and found a large firm tumour entirely filling up the pelvis, and pressing upon the rectum ; I attempted gently to push up this tumour, but it would not give way. The bladder was afterwards relieved daily. On the Wednesday following, a celebrated accoucheur saw the woman ; who, considering the case to be a retroverted uterus, endeavoured to push up the tumour with some degree of power ; this attempt gave the woman great pain, but it proved unsuccessful ; he also endeavoured to pass a catheter within the os uteri, which could scarcely be felt, with the intention of rupturing the membranes ; this proceeding was also of no avail.

Another professional accoucheur saw this patient with me on Friday, April 7th ; he also entertained a similar opinion respecting pregnancy, and advised the rupture of the membranes ; but that object could not be effected. The belly was now much swelled ; the bladder was regularly emptied ; but no effect could be produced upon the intestinal canal, either by internal medicine or by clysters. This being the case, on the evening of this day, I passed a hollow elastic gum pipe up the rectum beyond the obstructed part, and withdrew through it from the intestinal canal several quarts of fluid contents. This proceeding procured immediate ease, and the woman had several hours refreshing sleep. The same operation was repeated on the evening following, with a similar effect, but not with equal relief. When I called on Sunday morning, April 9th, I was told that the woman had expired in the night.

Leave was with much difficulty obtained to inspect the body, and that only under the condition, that the husband should be present ; the inspection took place the next day.

On dividing the abdominal parietes, a large cyst presented itself to view ; it occupied the anterior part of the abdominal cavity, and was partly covered by the omentum to which it was adherent ; it was also

attached to the peritoneal lining of the abdomen, and to the fundus of the bladder. It was extremely vascular, contained fluid, and had pushed up some of the small and large intestines, which were much distended. The peritonæal covering of the intestinal canal, and the lining of the abdominal parietes were also very replete with red vessels. The bladder was empty, and appeared healthy in its structure; its fundus was adherent as above-mentioned. A puncture was made into the cyst and some quarts of serous fluid were drawn off by a catheter; the sac was then turned over the pubes. The uterus now was seen healthy, unimpregnated, and lying upon a smaller cyst filling up the whole cavity of the pelvis, which might contain two or three pints of fluid. This smaller cyst was adherent to the whole of the parts within the cavity of the pelvis, especially to the rectum; upon attempting to separate these adhesions, the fluid escaped along with some puriform matter. The upper and larger cyst proved to be the left ovarium in a dropsical state; the under cyst was the right ovarium in a similar state; the uterus was situated horizontally between the two, with its orifice above the pubes. The fallopian tubes had lost their usual appearance. This examination was necessarily shorter and more imperfect than it other-

wise would have been, in consequence of the husband's presence, who soon became very impatient to have it concluded; but it was sufficient to satisfy all present, that the dropsical state of the right ovary, by its firm adhesions within the pelvis, and its consequent pressure upon the bladder and rectum, had produced all the singular symptoms observed during life.

*Note.*—It is a singular fact, that a complaint marked by such obvious and distressing symptoms, and so formidable in its consequences under neglect, should have remained unnoticed and undescribed, till nearly the middle of the last century. About that time, it attracted the attention of Dr. William Hunter, by whom its nature, symptoms, and danger were ably demonstrated in a paper published in the 4th vol. of the Medical Observations and Enquiries. The professional merits of Dr. Hunter, as well as those of his ingenious brother, Mr. John Hunter, have been sufficiently appreciated by the medical world, to require any eulogy from my pen.

ON

## POLYPUS OF THE UTERUS.



THE word polypus is applied to a diseased excrescence attached to some part of the cavity, of the neck, or of the lips of the uterus, by a pedicle, or stalk.

The origin of the complaint is involved in so much obscurity, that I dare not offer an opinion upon the mode of its commencement. When however a state of acquired growth is once so far established, as to lay the foundation of the disease, it regularly increases in proportion to the diameters of the vessels supplying its substance. The size of a polypous tumour, therefore, may vary in different instances from the magnitude of a pea, of a filbert, of an egg, of a large orange, to that of the infantile head ; it may even ultimately proceed to that extent as entirely to impede the functions of the rectum and bladder.\* As the increase and enlargement of

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\* Some years ago, I was present at the opening of the body of a woman in a public dissecting room, which had been promiscuously



its body are developed, so is its pedicle also proportionally thickened.

The external covering of the tumour is an expansion of the uterine membrane, deprived of much of its natural character and sensibility, by extension and exposure. The blood-vessels, which supply its means of growth, originate in the uterine structure ; at least they may be considered as branching off from the uterine vessels. The internal appearance of a polypus upon division (especially when it has undergone no alteration from the putrefactive process), is commonly firm and laminated ; impressing the mind with the idea, that its increase of size is produced by condensed layers of a secreted deposit.

A polypus may exist in the uterus, in a silent inactive state, yet progressively increasing, for months, without exciting any suspicion in the mind of the patient, of her being the subject of such a disease. At length, however, it enlarges to that extent, as to induce symptoms of irritation, hæmorrhage, and

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brought there. Upon opening the abdomen, the uterus was seen thickened, increased in size, and rising out of the pelvis. Upon inspecting the pelvic viscera, a very large polypus was found attached to the os uteri, which filled up the cavity of the pelvis, and prevented the free exit of fæces and urine. The coats of the vagina were considerably thickened, as were those of the uterus.

other inconveniences. Its presence generally produces an increased quantity of (what is considered) menstrual discharge at the monthly periods ; as well as occasional attacks of hæmorrhage, in greater or less quantity, in the intermediate time. If the woman happen to be young, these appearances are readily attributed to an excess of the menstrual discharge ; if she be more advanced in life, they are usually considered to be harbingers of the final disappearance of the catamenia ; or as that occurrence is commonly termed by women, the change of life. From that natural delicacy peculiar to the sex, these discharges are frequently allowed to proceed on to the injury of the health, without any proper enquiry directed to the detection of their cause. Besides these irregular discharges of blood, there is usually a serous, a mucous, or a puriform draining from the vagina, which is almost constantly flowing, and which draining obliges the woman to wear a defence for its reception. It will now and then happen that the woman has occasional, or more permanent pains in the back, with a sense of pressure or dragging downward, sometimes accompanied by an expulsive effort ; but more frequently such sensations are absent ; at least they are not so regularly met with

under the presence of a polypus, as under some of the more malignant affections of the uterus.

The reiterated and irregular attacks of hæmorrhage will naturally lead an experienced practitioner to the suspicion of some uterine mischief; but its character can only be ascertained by a vaginal enquiry. Whatever suspicions may have previously existed as to the nature of the case, by that enquiry alone can they be verified or negatived. It is sometimes with great difficulty, that a woman can be persuaded to submit to this unpleasant, though necessary operation. But if the necessity of the case be candidly explained, she seldom fails to sacrifice her delicacy at the shrine of duty.

Within the vagina, a tumour, variable in size in different cases, is detected by the finger, around which it can be readily carried. This tumour is pyriform or oblong, smooth, and not very sensible; it also, in most instances, impresses the finger with a considerable degree of firmness and solidity; yet occasionally, it is softer to the touch. If the tumour be small, or of a moderate size, the finger may be readily insinuated between its upper portion and the mouth of the uterus, and even a little way within the cavity; yet its place of attachment to the uterine surface can seldom be reached, especially when

it originates about the fundus or body of the uterus. Should it happen to adhere to the neck or mouth of the uterus, the point of adhesion is without difficulty detected. If the tumour be large, occupying the greater part of the pelvis, even the os uteri may be out of the reach of the finger. That part of the tumour which is protruded into the vagina is rounded, and smooth ; but higher up, it becomes narrower, and terminates in the pedicle ; at the extremity of which is its attachment, with the means of supply and growth. As long as the polypus is retained within the uterine cavity, it assumes the shape of that cavity, and is restrained in its growth ; but when it begins to emerge through the os uteri, it is expanded in a rounded or pyriform shape, and its increase becomes more rapid.

The formation of a polypus *in utero* is by no means a rare occurrence. I am persuaded that it is frequently overlooked, and that it may exist for a length of time without detection. Of the various cases, which I have witnessed, by far the greater number has not even been suspected, until a vaginal examination has cleared up the case. Its presence produces little derangement in the uterine structure itself ; yet some enlargement of the uterine parietes is generally observed ; and if the tumour be allowed

to acquire a considerable size, it displaces the uterus from its natural situation upward ; so that in a very thin woman, its enlarged fundus may be felt under the hand, just emerging out of the pelvis ; and impressing the hand with a sensation, not unlike that of early pregnancy.

Another derangement, which is occasionally met with in the uterus, and which produces many of the symptoms of polypus, is a tuberculated state of its internal surface. This disease is not so readily detected by the finger as the polypus ; for, being confined to the cavity, and not protruding externally, it easily eludes observation. Yet, if the os uteri be somewhat open, so as readily to admit the finger, a number of small tuberculated eminences may be discovered within the cavity. These eminences do not possess a narrow neck and base like the polypus ; they are as broad at their base as at any other part of their composition. They appear rather to be local extensions of the uterine substance into its cavity, than positive derangements of structure ; at least they do not take on that rapid increase in size, which is observable in the polypus. But like the polypus they are covered by the mucous internal membrane ; the extension of which produces various disturbances in the uterine functions.



Similar enlargements frequently form on the outer surface of the uterus; I mean on that surface covered by the peritonæum. These tumours are generally called the fleshy or white tubercles of the uterus, and will occasionally grow very large. As long as they continue small, they are productive of little inconvenience, and may be present for years without detection; for in the examination of female bodies after death, the uterus will sometimes be found studded with these tubercles in various degrees of growth, without the presence of any symptom during life, which could lead to a suspicion of such excrescences. Yet I have in some instances been induced to suspect, from a constant pain at the lowest part of the back, that it has been produced by the local pressure of one or more of these irregular tumours upon some of the nerves of the pelvis.

These external enlargements do not interfere with the natural functions of the uterus; for both menstruation and pregnancy will go on under their presence. They do not proceed to suppuration or to ulceration, except under circumstances of local pressure upon the rectum; in that case, the degree of pressure closes the passage through the gut, and at length produces ulceration upon its surface, which

extends into the tubercle. They are covered by the peritonæum, which is perhaps altered in its structure and functions by extension ; so that a material difference exists in the structure of the covering membrane of the polypus, and of the fleshy tubercle. The one has a secreting surface of a mucous description ; the other of a serous one.\*

I know of no disease, which is likely to be mistaken for a polypus of the uterus, except that organ under inversion of long standing. In such a case, many of the symptoms attending a polypus are present ; yet, there are not such large and irregular discharges of blood as under the latter affection.

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\* I lately attended a middle aged married lady, who for some years past had been suffering under pain at the lower part of the back, without its inducing, for a length of time, any material deterioration of the general health. Her menstrual discharges had continued regular, but she had experienced some difficulty in evacuating the contents of the rectum, which seemed to be gradually increasing. Suspecting disease within the rectum, I obtained permission to examine that gut. In this enquiry, I detected a tumour of the size of a large orange compressing its coats almost close together. A finger in the vagina assailed the same tumour at the back part of the uterus. After suffering some time under very distressing symptoms, it became obvious that ulceration of the rectum had taken place, which extended into the substance of the tumour. This occurrence produced no alleviation of distress, but rather increased it. A gradual emaciation ensued, which at length terminated the woman's sufferings.

Under uterine inversion the finger meets with a solid smooth tumour in the vagina, about the size of a small egg, becoming narrower towards its base; but if it be carried carefully around its base, no opening like that of the os uteri can be detected; the attachment of the tumour appearing to lose itself in the vaginal membrane. Should this derangement be mistaken for a polypus, and an attempt to remove it be made, the most serious symptoms would most probably follow the experiment.

Diseased excrescences of various kinds may be formed upon the os uteri; but they are so irregular in their structure, and they give so different a sensation to the enquiring finger, that they can rarely be confounded with polypus.

When a polypus is detected and declared, a degree of anxiety is always expressed respecting the result. On this point a very satisfactory prognostic may generally be made; for the case usually admits of ready relief by a complete removal of the tumour without much pain; all the symptoms afterwards disappear, and the woman regains her pristine health; even if her system shall have been previously reduced to a low ebb. This object is effected by the application of a ligature around the pedicle of the

polypus by a suitable instrument. The same principle guides this internal operation, as is obvious to the eye in the extermination of a wart, or other similar excrescence, by surrounding its base tightly with a ligature. In each, the circulation through the tumour is intercepted, the mass is deprived of vitality, and at length falls off.

The instrument which I prefer, is the "double-canula" ligator; consisting of two straight silver tubes, each not unlike a round female catheter, but open at both ends, about eight inches in length, connected by a simple contrivance, firmly fixing them together.\* It is to be prepared by passing a sufficient quantity of fine cord, of catgut, or of strong twisted silk, up one of the tubes and down the other. A bow of the ligature is thus formed upon separating the tubes. For noosing the polypus, two fingers of the left hand are to be introduced as high upon its stem as convenient, to which the extremities of the two tubes, armed as above, are to be carried; keeping one of them in a fixed situation by the fingers of the left hand, the other is conveyed around the stem of the polypus by the right hand, until it

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\* A plate of this instrument is given in the late Dr. Gooch's "Account of some of the Diseases of Women," page 271.

arrives at the opposite side of its fellow, from that whence it set out. If this part of the operation be successful, the ligature is made to surround the narrow part of the polypus. Each side of the ligature protruding through its proper tube, with that also, is now to be passed through that portion of the instrument which binds the two limbs together, and when properly fixed, the ligature is to be tied round the projections on the instrument formed for the purpose. The polypus becomes then completely noosed in the ligature, and the instrument is left in the vagina in that perfect state, in which it was seen, before its separation into its several parts, at the commencement of the operation. The ligature must be tightened daily until the polypus drops off; but the time required for its separation will depend upon the thickness of the stem. In a day or two, marks of the putrefactive process are observed in the smell of the vaginal discharges, which will naturally induce the use of a syringe occasionally for their removal. The unpleasantness of the smell daily increases, and the texture of the polypus becomes more flabby; the general feel of the tumour gives the idea that it is wasting away. These appearances continue, until the ligature has made its way through the stem of the polypus. Should the liga-



ture unfortunately break under any attempt to tighten it, before it has divided through the stem, a fresh one must be applied in the line of the former. The woman will be obliged to keep her bed during the sloughing process; and she ought to be cautioned, upon attending to her natural calls, to beware of any accidental occurrence which might push the point of the instrument against the internal surface of the uterus.

In the act of noosing a polypus, little pain or little bleeding is generally produced; indeed, if there shall have been much hæmorrhage up to the time the ligature is applied, as soon as it is tightened, the discharge of blood usually diminishes and ceases. Nor is it necessary for the perfect eradication of this excrescence, that the ligature should be applied at its root, close to its connexion with the uterine surface. If the noose of the ligature be applied around any part of its stem or neck, it will be quite sufficient for its destruction; for, after its body has sloughed off, the remaining portion of the stem which has been left behind, wastes away and disappears. By endeavouring to carry the ligature very high within the uterus, there will be great risk of including some portion of the uterine structure within its noose; especially if, at the point of attachment, there should

be any tendency to slight inversion. Such an occurrence would be productive of great pain, and might even induce fatal consequences. If, therefore, upon tightening the ligature in the first instance, the woman should complain of acute pain, it should be loosened, and applied nearer the body of the tumour. The operation is necessarily performed in the dark ; the finger therefore must be the principal guide to the point at which the noose is fixed.

The French surgeons have been in the habit of removing a polypus uteri by means of a curved knife. That mode is, in my humble opinion, more objectionable than its removal by ligature. The difficulty of restraining any hæmorrhage thence arising, would deter me from having recourse to such practice.

I am not aware that a polypus is ever renewed from the same stem ; yet, I have removed more than one at different times from the same woman. These respective tumours, I presume, had their several pedicles ; and might possibly be existing in the uterus at the same time, without detection.

## CASE CCXII.

*A common Case of Polypus Uteri.*

IN the beginning of April, 1818, a medical friend wished me to visit a patient in the Mile-End Road, aged 40, who had been suffering for a length of time under repeated attacks of uterine hæmorrhage, in the intervals of which she was liable to an unpleasant sanious discharge. Suspecting some uterine disease, I proposed a vaginal examination, which was readily granted. Upon the introduction of the finger, I immediately detected a large polypus nearly filling up the vagina; and upon carrying my finger as high as it could reach, I found that the tumour was attached within the uterus by a very thick stem. On Sunday, April 19th, I noosed the stem with some twisted silk carried through the double canula, and tightened the ligature daily. On Sunday, the 26th, while I was thus employed, the string broke; so that I was obliged to renew it. I fortunately insinuated the new ligature into the groove made by the former one; after again tightening it daily, the stem was divided; and, on Wednesday the 29th, the instrument came away with the polypus attached

to it, as large as a good-sized orange, although its general substance had materially diminished. During the application of the ligature, or afterwards, there was no hæmorrhage or unpleasant occurrence; but for some weeks after the separation of the polypus, this woman's health was declining without the appearance of any symptom connected with her previous state; her countenance became sallow; her general powers were languid; she complained of pain in the belly; but her pulse was not quickened; upon the whole she seemed to be suffering under some visceral derangement. By the use of alteratives and aperient remedies in the first instance, and afterwards of tonics for some time, her health was restored; and in due time her catamenia returned in a regular manner.

### CASE CCXIII.

#### *Another common Case of Polypus Uteri.*

IN the beginning of May, 1824, I was consulted by a young unmarried lady from the country, respecting some irregularity in her menstrual appearances. She had been suffering for some time not only under a very great increase at the regular periods, but also

under occasional uncertain returns in the intervals ; yet her general health was unimpaired, and the other functions appeared healthy. Suspecting that she was becoming the subject of incipient uterine disease, I expressed my opinion to that effect ; and proposed a vaginal examination, to which, after the lapse of a few days, she reluctantly assented. Upon the introduction of the finger into the vagina, I presently detected a smooth firm tumour, emerging through the os uteri as large as a pigeon's egg, attached within the uterus by a narrow pedicle. The nature of the case, with its proper mode of management, being thus satisfactorily declared, after some further persuasion, I was allowed to pass a ligature around the stem of the polypus, just within the os uteri, on Sunday, May 16th ; but I was somewhat foiled in that act, by the narrowness of the vagina impeding the free passage of the instrument. The polypus sloughed off in two days in a soft shrivelled state, and from that time all coloured discharge ceased. In an examination about ten days afterwards, the os uteri was flaccid and slightly open. The lady returned to the country free from complaint, and afterwards became perfectly regular in her menstrual periods.



## CASE CCXIV.

*A singular Case of Polypus Uteri.*

AT two A. M. on Sunday, April 1st, 1821, an apothecary in Shadwell, called upon me at the house of a patient in Wapping, with whom I was then confined in a case of labour, to request me to visit a woman in his neighbourhood, whom he had put to bed on the Friday morning preceding, apparently safely ; and who, on the Saturday about noon, had a fleshy tumour, of the size of a large-sized pear, protruded suddenly through the external parts, where it then remained. Being shortly released, I went to the address at six A. M. The woman was in no great distress ; she had a good pulse and countenance ; there had been no hæmorrhage ; and, with the exception of this tumour hanging out of the parts, she might be said to be doing well. On carefully examining it, it had every external mark of an inverted uterus ; and so, at the moment, I considered it. The tumour appeared to me to be uterine ; I could suppose it to be nothing else ; and as there was no appearance of os uteri indicative of a prolapsus, I pronounced the case to be inversion of the uterus ;

yet the sequel will shew that in that idea I was mistaken. Some forcible attempts had been made before my arrival to pull this mass away, under the idea that it was a false conception ; which had put the woman to great pain ; I therefore contented myself with merely returning the tumour within the vagina, and recommending a state of perfect quietude. The next day Monday, the woman had no bad symptom, and the tumour had not again descended. I visited her a few times, and always saw her improving ; she had plenty of milk, and suckled her child. I saw this woman accidentally in December following ; she was then suckling her child and appeared in good health. After some months, I had another interview with her ; she then told me, that she was menstruating regularly. After a further lapse of a few more months, she called at my house to inform me, that she was again pregnant, and to request my assistance in the hour of labour. This account staggered me, because I suspected her uterus to be inverted ; and I could scarcely believe, that she could be pregnant. However, she proved to be so ; for she was delivered of a living child, January 9th, 1824. On the evening of that day, I was called to her assistance. Being absent from home at the moment, my son supplied my place. On making

an examination, he met with a considerable substance in the vagina, above which was the head of the child presenting. The pains soon became strong and active, and presently the tumour was expelled externally by, and before the head of the child. Upon my return, I went to her address ; but the child was already expelled, the placenta was withdrawn, and the tumour was lying at the external parts nearly as large as a small-sized child's head. On a closer examination, it seemed to me to be attached to the anterior part of the os uteri by a broad and vascular base. The mystery of her preceding lying-in was now cleared up. The woman had a polypus attached to the anterior part of the os uteri, which became more vascular and larger under pregnancy, and which decreased, as the uterus resumed its natural size. Apprehensive of mischief, if the polypus was noosed under the present state of the womb, I merely for the moment, as in the former instance, returned the mass carefully within the vagina, where I left it. The woman recovered from her confinement without any unusual symptom, during which I made several vaginal examinations, and uniformly found that, as the bulk of the uterus became contracted, the polypous tumour proportionally decreased, and became more

firm to the feel. She nursed her child, and had plenty of milk. Towards the end of April, when the uterus had undergone all its necessary changes after parturition, and the tumour was firm and contracted, I advised its removal in the usual manner. A ligature was applied around its stem by the common ligator, and in five days, it dropped off in a flaccid broken down state. In due time the woman entirely recovered her health, and became an excellent nurse.

This case affords some practical information. It shews in the first place, that a polypous tumour, external to the uterus, does not interfere with the proper functions of that organ; and in the next place, that such a tumour increases in growth during the uterine enlargement of pregnancy, but after parturition diminishes. Under such a situation also, one of the common symptoms indicative of the presence of a polypus is absent; the frequent and irregular recurrence of hæmorrhage. I readily confess that in the first instance, I did consider the external tumour to be the uterus inverted, to which it bore the nearest resemblance; but I was unable to satisfy myself of that fact, or to prove the contrary, by the obstinacy of the woman, who positively refused to allow a vaginal examination after her

former labour, although she so readily acquiesced after the second.

## CASE CCXV.

### *Another singular Case of Polypus Uteri.*

ON Thursday, August 25th, 1825, I was requested to meet a very respectable friend in consultation upon a patient on the Surrey side of the river, aged 35, and who had borne eight children. This woman had suffered under a considerable loss of blood from the vagina, attended with uterine pains similar to those of a common miscarriage, for some days, and on the preceding day, Wednesday, about noon, a *something* had protruded through the external parts, where it still remained. Upon a closer examination of this excrescence, it proved to be a polypous tumour, of the size of the largest pear, of a similar shape, and attached to, or near the os uteri, which its weight had drawn down nearly to the external parts. The woman's countenance was pallid, and her general health was stated to be much deteriorated; so that the aspect of the case was by no means promising. After some consideration, we determined to remove the tumour by a ligature;



accordingly, without much difficulty, I applied a noose around its narrow part, within the vagina, by means of the double canula. The tumour dropped off during the night of Friday ; so that when I called on Saturday, that part of the excrescence, exterior to the ligature, had sloughed off ; yet on an examination by the finger, it was evident, that a considerable portion still remained behind attached within the uterus, above which the finger could be readily introduced. Our patient on this day complained of a good deal of pain about the belly, and otherwise she seemed extremely unwell. On the Sunday some puriform discharge was observed to issue from the external parts in considerable quantity ; the general symptoms still were unfavourable. For several days afterwards, similar symptoms continued ; the tongue became furred ; the countenance was depressed ; the puriform discharge exuded in considerable quantity ; yet the pulse never exceeded ninety-six in a minute. Symptoms of this description harassed the woman for some weeks, and she was even occasionally threatened with hectic fever ; but after a time, she began to improve, the vaginal discharge gradually ceased, and she ultimately recovered a tolerable state of health. On Wednesday, September 7th, I made a vaginal examination ; that

portion of the polypus left behind was wasted away, for no part of it could be detected by the finger; the uterus seemed well contracted, and to have undergone the necessary changes after the separation of the tumour.

In the beginning of November, 1830, I was again consulted respecting some irregular discharges of blood from the uterus, with which this woman had been troubled for a length of time, and which had again much impaired her health. On a vaginal examination, I instantly detected a polypus protruding through the os uteri, of the size and shape of a small pear. I noosed this tumour within the os uteri by means of the double canula, without much difficulty, on Tuesday, November 9th, and on Thursday following, it sloughed off. The usual discharge followed; the woman suffered no further inconvenience; and her general health improved. Before however, I took a final leave of my patient, I was desirous of ascertaining the state of the uterus. On making an examination, I detected another tumour of a similar description, and nearly of the same size. This tumour was also encircled, as the former one, on Sunday, November 28th, and it sloughed off on the Wednesday following; after which the woman regained a tolerable state of health. I saw her about

the middle of November in the following year; at this time, she had then got plump and stout; she menstruated regularly, and in proper quantity; and seemed to enjoy a perfect state of health.

The uterus in this instance had a singular propensity to the formation of polypus. I presume that these several tumours were unconnected with each other, and originated from separate pedicles, which wasted away after the removal of the principal part of the polypus. The two latter were probably co-existent within the uterine cavity at the same time; but both could not be detected at once. That which was first noosed had taken the priority of escape; and after its separation, the other was protruded. The tendency to the formation of these tumours (that cause by which each was produced), might possibly be existing in the uterus long before the first even made its appearance; yet of such a fact, we can only obtain presumptive evidence.

## CASE CCXVI.

### *An unsatisfactory Case.*

TOWARDS the end of the year 1829, I was consulted by a married woman, 43 years of age, who had been

suffering for a length of time under frequent hæmorrhages from the uterus ; the baneful effects of which were sufficiently obvious in her countenance, and upon her general constitution. These repeated attacks were attributed to that change in the uterine system, which every woman must sooner or later undergo. Suspecting some uterine disease, I at once proposed a vaginal examination, to which she positively objected. She called upon me occasionally a few times afterwards, and each time she had the same complaints to make. I saw nothing more of this patient until the month of April following ; at this time her countenance had become more pallid, and her general health more deteriorated. I now again pressed the necessity of a vaginal enquiry, to which she still continued unwilling to submit. After a further lapse of some weeks, at the persuasion of her friends, she consented. I at once detected a large tumour, firm and round, in the vagina, nearly filling up the entire cavity of the pelvis ; but I could not carry my finger entirely around it, or reach the os uteri ; so that I was unable to decide, whether the mass had its origin within the uterine cavity, or not. The tumour had all the characters of a polypus uteri ; and was so considered by another medical gentleman, who also saw the case. On care-

fully examining the lower part of the belly, several other enlargements were to be felt within the abdominal cavity, which seemed to be tubercles upon the external surface of the uterus. But whether the large tumour in the vagina was one of these external tubercles, which by gradual growth had extended itself downward into the pelvis, or was a polypus emanating from the uterine cavity, could not be determined by the finger. All the symptoms, however, seemed to indicate it to be of the latter description. The woman was in a very emaciated state, and was daily losing more or less blood; so that it was obvious, that, unless that loss could be checked, the continued drain would soon terminate her life. Although the general circumstances of the case were not of a favourable kind, it was proposed to pass a ligature around the tumour, as the most likely expedient to afford relief; to this proposal, the woman after some further delay assented. On Wednesday, the 2nd day of June, the tumour was satisfactorily noosed by the common polypus instrument, without any particular sensation of pain, and from this time the loss of blood ceased. But on the Friday following, my patient began to complain of violent pain in the belly, accompanied with a considerable degree of tension; these symptoms were somewhat relieved



by leeching and purging. They were not however so far removed on the following day, as to convince my mind, that they were not connected with the ligature upon the tumour; I, therefore, on the Saturday withdrew it. Retention of urine afterwards took place, which called for the daily use of the catheter for a fortnight. During this interval, a process of sloughing had taken place in the tumour, and a large portion of it hung out of the external parts in a black discoloured state. In about three weeks from the application of the ligature, that portion of the tumour exterior to the part at which it had been noosed, sloughed off entirely. During this process the vital powers were gradually giving way; and, notwithstanding the free use of opiates, stimulants, and the most nourishing articles of diet, her strength daily declined, and she expired on the 1st of July. She was twice seen by an eminent surgeon during the sloughing process, who was unwilling to interfere with its regular course. A *post mortem* examination of the body was not permitted, so that the disease was never satisfactorily ascertained.

I think it very probable, that if the nature of this case had been satisfactorily determined at an early period, it would have admitted of relief. Under

every month's delay, the size of the tumour was regularly increasing, while the strength of the woman was undergoing proportionate exhaustion.

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IN my observations on "Rupture of the Uterus," at page 385 of the First Part, I asserted, that "every case of that kind, which I had *then* seen, had sooner or later proved fatal." It however happened, singularly enough, that within twelve months after its publication, I witnessed three cases of perfect recovery; in two of the cases I turned the child myself. I therefore shall take the liberty of inserting them, along with an anomalous case of sudden death in the last fortnight of gestation, as the concluding cases of the Second Part.

### CASE CCXVII.

#### *A singular Case of Recovery under Rupture of the Uterus.*

ABOUT four A. M. Sunday, April 8th, 1821, a note was brought to me from one of the midwives of the charity, requesting my immediate assistance to a woman in Pearl Street, Spitalfields, and containing

this laconic expression, “Pray come directly, for *the after-birth is come*, and *the child is gone*.” On my arrival at the address, I found the placenta lying on the bed without any flooding, and hanging out of the parts by the funis ; on passing the finger, no part of the child could be felt therewith. The head of the child, which but a few minutes before seemed to be kindly descending, and the expulsion of which was almost momentarily expected by the midwife, had retreated quite out of reach. It therefore was sufficiently obvious, that the uterus had given way, and that the child had escaped into the abdominal cavity ; in which it could be detected through the parietes by the hand, from the general irregularity of its surface. The woman complained of violent pain about the navel, which was much increased by pressure ; and on pressure, a dark-coloured discharge issued from the vagina. Her breathing was difficult ; yet her countenance and pulse continued good. Without loss of time, I divided the funis, and proceeded to introduce my hand ; following the child into the cavity of the belly, and laying hold of the feet, I extracted the child without much difficulty from its new situation. After its extraction, a considerable quantity of bloody discharge escaped. A drachm of laudanum was now given, and ordered to

be repeated in an hour. When I left the woman, she was much more comfortable than before delivery ; yet complaining heavily of the pain about her navel. Her labour had been natural, and not of many hours' duration ; but the pains had been very strong and forcing ; and almost immediately before the placenta made its appearance externally, the woman had mentioned a most acute pain at her navel, very different from common labour-pain. This was her sixteenth lying-in ; her labours had always been lingering or difficult ; yet, although her pelvis was somewhat confined, she had passed several living children ; and I was told, that about four years before, I had delivered her under a shoulder-presentation.

I paid the woman another visit about noon ; at this time her pulse was not much quickened ; the belly was indeed painful on pressure ; but, under all the circumstances of the case, I considered her as well as I could possibly have expected to have found her. I saw her again in the evening, when she continued much in the same state.

At eleven A. M. Monday, this patient had dozed during the night ; her breathing was quickened, yet her pulse was good, not more than one hundred in the minute, and her countenance was natural ; she

complained of much pain in the belly (especially on pressure), which was accompanied by tension. A number of leeches were applied to the belly ; she was ordered to be purged, and to have a warm clyster frequently injected.

At eleven A. M. Tuesday, the pain and tension of the belly had been somewhat relieved by the leeching of Monday, yet the pulse was quicker, and the breathing more frequent. As there had been hitherto no relief of the bowels, a mixture of infusion of senna and jalap was ordered in divided doses, until free evacuations were obtained.

On Wednesday morning, the bowels had been satisfactorily evacuated ; the pain and tension of the belly had much diminished ; the woman had got some comfortable sleep in the night ; her countenance continued good ; and the pulse did not exceed 100.

On Thursday morning, the general appearances were less promising ; the belly had become more painful, and the countenance shewed more distress, with a languid eye ; the pulse was raised to 120 ; the tongue was dry and red in the middle, with whitish edges ; and the urine was discharged involuntarily. I this day passed a catheter into the



bladder, but could detect no injury done to that viscus ; yet it contained no urine. Repeat the purgative.

On Friday, the woman had had several free evacuations ; had procured refreshing sleep in the night ; the pain in the belly had been very much relieved, yet the urine had been still passed involuntarily ; pulse 100, firm and good ; upon the whole she seemed much improved.

On Saturday, she confessed that she was much better ; at my visit she was sitting up in bed, taking some refreshment ; the urine still ran off involuntarily ; pulse 100.

On Sunday the 15th, the woman had passed the fore part of the night in a very restless manner, but after two free evacuations procured by the purgative, she became composed, and got some refreshing sleep towards morning—pulse 100 ; the belly more free from pain. She daily continued to improve ; at my visit on Wednesday the 18th, she was sitting up in a chair, complaining but little of her belly, yet much of the inconvenience she suffered from the irritation of parts, produced by the involuntary flow of urine.

On Friday the 20th, she continued to go on well ;

since my last visit, has been discharging some thin fleshy substances, which appeared to be vesical sloughs.

When I visited this patient on Monday, April 30th, I was told that, during the preceding week, several pieces of thin fleshy substances had come away, which I could only consider to be vesical. The urine was still discharged involuntarily; she had a good appetite, and slept well.

On Friday, May 18th, at my call, she was sitting up eating her dinner; her general health was much improved; her appetite was good, and her sleep refreshing; but still she was complaining of the inconvenience she suffered from the involuntary discharge of urine. A lump or tumour, which she had remarked at the lower part of the belly, for some time past was subsiding, and she was free from pain.

July 23rd, this woman called at my house, and was then under menstruation.

February 12th, 1822, she had now menstruated five times, and was at that time under its influence.

I attribute the successful issue of this case, in a great measure to the promptness with which the woman was delivered after the accident had occurred; not more than fifteen or twenty minutes

elapsed after my call, before I was at her bedside ; and in much less time after my arrival, her delivery was complete.

The woman became afterwards pregnant again, and on Friday the 9th of August, 1822, her husband called upon me to request that I would give her a gratuitous visit ; I found her walking about the room, with a slight appearance of colour, between the sixth and seventh months of pregnancy. I recommended him to procure a ticket for the assistance of the charity again ; but having obtained one, the woman did not chuse to avail herself of its advantages. She had imbibed the idea, that her midwife had not done her duty in the former instance ; and therefore she had engaged a neighbouring apothecary to attend her in her expected lying-in, who was entirely ignorant of the facts of the preceding case. About noon on Thursday, August 22nd, the husband again begged my attendance ; he then merely stated, “ that his wife was very bad.” I promised to call upon her in a short time, and did so between two and three P. M. when to my great surprize, I was told, that she was dead !! From the manner of the husband when he asked my assistance at noon, I did not suspect that his wife was in the least danger. It appeared, that the poor woman had been seized with

a flooding between three and four in the morning, and that the person, engaged to attend upon her, was called about seven ; who, finding no labour-pains, contented himself with merely ordering cold applications and some astringent medicine ; allowing the woman to go on flooding to death, without either taking some decided step himself, or procuring some one to act for him ; and who, at my call, had left the house.

Anxious to inspect the uterus, to see what steps Nature had taken to repair the former injury, as well as to discover the cause of death, with some difficulty, I obtained leave to examine the body under a promise that nothing should be taken away. It was opened the next morning by an excellent anatomist in the presence of the late Mr. Headington and myself. Nothing particular presented itself to our view in the abdominal cavity. There were indeed several bands or strings of membranous structure just above the pubes ; but there were no marks of adhesion of the peritoneal lining of the cavity to the uterus, as I expected to meet with. On dividing into the uterine cavity, the placenta was seen partially separated from its attachment not far from the anterior part of the cervix uteri, to the size of nearly the palm of the hand. The child was now

taken out, and the uterus, with the bladder, were carefully examined by a minute inspection. The vagina was considerably contracted, and had an extra opening into the uterus, and another into the bladder. The membrane of the vagina was not carried over the os uteri in the usual manner, but terminated in a valve-like structure; within which was seen the os uteri beautifully studded with its peculiar dark-coloured glands, and unopened. On dissecting away the cellular membrane and adipose substance from the outside of the fore-part of the cervix uteri, a line or scar was distinctly perceptible; around this part the uterine structure was thickened and considerably contracted. The placenta had been attached internally not far from this thickening; and it appeared to me, that the rigidity or want of extensile power in the uterine structure around this part, had caused that separation of the placental mass, which had induced the fatal hæmorrhage. The ovaria and fallopian tubes were perfectly healthy.

### CASE CCXVIII.

THE following case of rupture of the uterus occurred in May, 1821, at Hoxton; I saw the woman during



her lying-in, when she was recovering from the accident. Desirous of obtaining all the important facts of the case, I requested both the midwife, who was engaged to attend the woman, and the professional gentleman who delivered her, to transmit to me an account in writing of the occurrence, which I shall take the liberty of transcribing.

“ About half after two P. M. Saturday, May, 20th, 1821, I (meaning the midwife) was called to Mrs. R. Hammond-Square, Hoxton, and found her in strong labour. She had been poorly all night ; but about an hour before my arrival, the pains had come on more briskly, with a great discharge of water, and a *shew*. On examination, I found the uterus fully dilated ; the head of the child was low in the pelvis, and as the pains increased, it began to bear down on the perinæum. At five minutes before four the pains suddenly left ; she immediately cried out, ‘ I am sick ; I am sure something has bursted in my belly ; something has slipped ; ’ and gave a loud scream. She begged me to put a pillow under her belly, for she could not bear the weight of the child. In a few minutes, the countenance was changed to a dark livid colour ; the eyes started, and the retching continued with a violent expelling of wind from the stomach, and hiccup. On examining again, I found

the head absented; I had every reason to suppose the uterus was ruptured. I applied to Mr. —, who attended and delivered the patient.”

“ I (alluding to Mr. —) was desired to attend Mrs. R. about six P. M. She was free from labour-pain, but her countenance was expressive of great anxiety; her respiration was hurried; her pulse was small and irregular; and, just before my arrival, she had vomited a dark brown coloured fluid. Upon making a vaginal examination, I could not discover any part of the child, though I passed my hand sufficiently high to ascertain, that the capacity of the superior aperture of the pelvis was diminished by a projection of the sacrum. Strengthened in the opinion which I had formed that the uterus was ruptured, I immediately introduced my hand, and without the usual resistance from the uterus, passed the head of the child, which was lying just above the brim of the pelvis. I readily got hold of both feet, and in a short time effected delivery. The hæmorrhage, which before delivery was trifling, now became considerable, and the poor woman appeared to be sinking fast. I again introduced my hand for the purpose of bringing away the placenta, which I found detached, and lying in contact with the intestines, the convolutions of which I distinctly felt.

Having brought the placenta low down in the vagina, I passed my hand beyond it, with the view of keeping back the intestines, whilst I brought the placenta away with the other hand by means of the funis. I was not sensible, either in passing my hand to get hold of the feet, or to bring away the placenta, of its passing through any rent in the uterus ; but it seemed at once to pass into the cavity of the abdomen. Although I considered the case as hopeless, I was pleased to find that, after the placenta was withdrawn, the hæmorrhage considerably diminished ; and that by frequently supplying the poor woman with small quantities of weak brandy and water, she was so much revived about an hour after delivery as to tell me, though with a feeble voice, that she felt better ; her respiration too had become more tranquil, but her pulse was very fluttering, and there were frequent efforts to vomit. I gave her sixty drops of tincture of opium, and ordered thirty to be repeated every three hours. I saw her again at twelve o'clock, four hours after delivery, and found, that the first dose of tincture of opium had been retained, but that the second had been rejected ; which had likewise been the case with small quantities of gruel which had been given ; and that, in addition to the vomiting, she had frequent hiccup.

She was evidently under the influence of the opiate ; yet I thought the countenance improved ; the pulse was certainly more determined, and regular in its beats. I directed thirty drops of tinct. opii. to be given occasionally through the night, if sleep was not procured.

“ I saw this woman early the next morning, and learned, that she had not got much sleep, but that she had been very quiet, except when disturbed by vomiting, or hiccup. As the usual symptoms of reaction had now taken place, and as she complained of a good deal of tenderness in the region of the uterus, especially on the left side when pressed by the hand, I took fourteen ounces of blood from the arm, and ordered a dose of saline mixture every four hours with a drachm of syrup of poppies in each dose.

“ At my visit the next day (Monday), although the vomiting and hiccup continued, I considered her in other respects better ; her pulse had become quite regular and was not very frequent ; and she complained of less tenderness on pressure. As the bowels had not been moved, I directed a drachm of sulphate of magnesia to be added to each dose of her former medicine ; which, with the assistance of an injection, produced the desired effect the next

day. From this time she gradually recovered, the vomiting and hiccup by degrees ceasing, so that at the end of a fortnight, she was free from any complaint except debility."

About twelve months afterwards, this gentleman called upon the poor woman for the purpose of learning, whether she had menstruated regularly since the preceding occurrence or not ; when he was surprized to find, that she was again pregnant, and was then between the third and fourth months of gestation. She told him, that for three months after her last confinement, she had a very offensive thick discharge, which then ceased, and afterwards her usual *courses* came on, and that she continued regular until she became pregnant.

My own opinion was afterwards requested by him upon this point. "Taking into consideration the nature of the injury which the uterus in the preceding instance must have suffered, together with the diminished capacity of the superior aperture of the pelvis, would it not be prudent to bring on premature labour at the expiration of the seventh month?" To this question, I decidedly answered in the affirmative.

August 25th, 1822, my friend wrote to me thus :  
 "In consequence of the opinion you gave respecting



the subject of the preceding case, I had determined to bring on labour between the seventh and eighth months of pregnancy ; but just before that time arrived, labour came on spontaneously. It proved to be an arm-presentation, but no difficulty occurred on turning the child, and the woman recovered without any untoward circumstance."

### CASE CCXIX.

#### *Another Case of Recovery from Rupture of the Uterus.*

AT five A. M. Saturday, January 12th, 1822, I was called to the assistance of a woman near Limehouse, who had been in labour since the preceding evening of her third child, under the care of an intimate friend. She was apparently a healthy young woman, but her symptoms were such, as to induce me to suspect at first sight, that the uterus had given way. She had been suddenly seized about one A. M. when the labour to all external appearance was going on safely and well, with an unusual and violent pain about the navel, followed by considerable difficulty in breathing. On this attack, my friend immediately took away from the

arm about a pound of blood. Soon afterwards the common labour-pains ceased, the new pain continued, and the head of the child, which had before been low down in the pelvis, retreated upward. The woman becoming hourly worse, and being considered to be in great danger, between three and four, the husband was dispatched to procure my assistance. I found the belly extremely tender to the touch and irregular in shape; the aspect of the countenance was anxious and depressed; and she frequently ejected from the stomach quantities of offensive dark-coloured fluids, not unlike the grounds of coffee. Under this hazardous state, I had no hesitation in recommending immediate delivery; and feeling the head within reach, I was anxious to perforate it; but that attempt was defeated by the recession of the head on the application of the instrument. I therefore introduced my hand, and turned the child. In that act, I became quite satisfied of the truth of my original impression, "that the uterine parietes were lacerated." The delivery was finished without difficulty, and I left the woman to the care of my friend, (promising large and frequent doses of opiates), in great pain, and apparently without the slightest hope of recovery.

I saw the woman again about noon of this day

(Saturday) in company with my friend ; she had then rallied considerably from the state in which I had left her in the morning ; but she complained heavily of the pain in her belly ; in the interval, she had taken about two drachms of tincture of opium, in divided doses, each dose of which she had rejected as well as the little nourishment she had been able to swallow ; her pulse was about 120 in the minute ; smaller doses of opiate were ordered for the present, and a full dose at bed-time.

On the following morning (Sunday) a report was made to me by my friend, that his patient appeared in as favourable a state as could possibly be expected ; she had procured refreshing sleep in the night ; her pulse was stated to be from 116 to 120 ; in fact, that she was promising to do well. Having suffered under considerable pain in the belly towards morning, agreeably to my suggestion in such case, fourteen leeches had been applied to the abdomen.

About noon on Monday, I visited this woman again ; the pulse at that time did not exceed 104 ; there was no heat upon the skin ; little tension with diminished pain in the belly ; and the only troublesome symptom was an occasional vomiting. A pill with ten grains of submuriate of mercury, and one

grain of solid opium was ordered to be given directly. A favourable report was made to me the next morning (Tuesday), that the pill had operated kindly, and had produced much relief.

About noon on Thursday the 17th, I saw this patient again; the pulse was then 104; the aspect of the countenance was good, and the tongue moist; the pain in the belly was much diminished, but pressure thereon produced nausea with a disposition to vomit.

On Wednesday the 23rd, the pulse was 100; there was no pain in the belly except on strong pressure. On a close examination, I could detect a solid tumour just above the pubes, which appeared to me to be caused by the consolidation of the injured parts. She this day told me, that she felt satisfied in her own mind, that during her labour, something had given way within the belly; and that her child had risen upward, which prevented her taking her breath in the usual manner.

On Sunday the 27th, the husband called to say that his wife was daily getting better. From this time she gradually recovered, and I heard no more of her, until I was told, that she had again become pregnant, and that I should be called, when labour came on.

At ten A. M. Saturday, October 4th, 1823, I had a note from the same friend, informing me, "that the subject of the preceding case was in labour; that it had commenced at four A. M. that the pains were regular with the membranes entire, and begging my opinion as to the measures to be then taken." I recommended him to allow the labour to proceed in its natural course for some hours without any interference; and waiting the result, to take the chance of consequences. I had hinted some months before, upon receiving intimation that the woman was again pregnant, that it might be prudent to bring on premature labour at the seventh month; that period had, however, been allowed to pass over, without advantage being taken of my suggestion; and she had arrived at her full time. At eight P. M. a second note was sent by my friend, which stated, "that after the bag of membranes had freely dilated the os uteri and vagina, it gave way, when the pains became strong and expulsive, yet no descent of the head followed; that he thought for some hours Nature would have completed the business, but that at that hour, he had changed his opinion on that point." I visited the woman about half-after eight P. M.; the head was then still lying at the brim of the pelvis, which in its conjugate



diameter, did not possess a space of three inches. The head seemed to be partially impacted in the brim, so that it could not descend into contact with the os uteri, which was freely dilated and flaccid; and there was an obvious indentation in that part of the head, in contact with the projection of the sacrum. She complained bitterly of an unusual pain on every uterine contraction upon the right side; probably at that part at which the uterus had given way in the former instance. Looking at the moment, with considerable anxiety, at all the circumstances of the case; finding that the strength of the pains had hitherto produced little descent of the head; and suspecting, that even if natural expulsion did take place, the degree of pressure upon the head, sufficient to enable it to pass through the diminished brim, would almost necessarily destroy the life of the child, with the danger of a recurrence of the former accident, both parties judged it the most prudent plan to lessen the head at once, and to extract it by the crotchet; I therefore had immediate recourse to the operation, and presently delivered the woman.

Monday, 6th, I found this patient without any particular inconvenience; she had the usual appearances after labour, and from this time she gradually recovered.

In the forenoon of Monday, December 13th, 1824, I was again called by the same friend, to this woman in labour at the full period of pregnancy. The process had commenced the night before, and my friend had been called at two in the morning; the os uteri was then opening, and the head was lying above the brim of the pelvis. During some part of the night, the pains had been strong and forcing; but towards morning, they had decreased in power, and frequency. By a vaginal examination, I detected the os uteri to be well dilated, and the head of the child, as in the former instance, unable to enter the pelvis for want of room. I now thought the brim of the pelvis to be still more deteriorated, since the woman's preceding labours; it did not appear to me to possess a space of more than two inches and a half, or two and three quarters, from pubis to sacrum. The woman, in this instance also, complained much of the pain above her right groin; the original seat of it in the last labour. Under such a peculiar state, and with the knowledge of her former situation I had recourse to a more early perforation of the head; but in its extraction, I met with far greater difficulty than in the last instance.

Thursday, December 16th, the woman has no bad symptom. I saw no more of her, but I learnt

afterwards, that in due time she recovered from this confinement also.

### CASE CCXX.

#### *An awful Case of Sudden Death in the last Month of Pregnancy.*

I WAS engaged to attend a young married lady in West-Smithfield, who expected to be confined of her first child, the first or second week in January, 1812. She went into the immediate neighbourhood of her own house, to join a party of friends on the evening of New-Year's-Day, being at that time apparently in perfect health; and after she had been among them a few hours, in full enjoyment of the hilarity of the evening, she suddenly complained of being very ill. With great difficulty she was got up stairs, and was seated in an easy nursing chair; presently she fell lifeless on the floor!! The people about her supposed her to be in a fainting-fit; a neighbouring medical man was called, who, in the first instance, thought the lady in a state of syncope; but presently pronounced her to be dead!! Some time was lost in the confusion, which prevailed in the house; but by and bye a messenger was dispatched for me. I arrived

at the house a little after midnight; at that time, the lady had been lifeless at least an hour. Notwithstanding, I would gladly have removed the child by the cæsarean section, but her friends would not consent to that operation.

Leave was obtained to inspect the body the next day, yet only on condition, that a near relative should be present. On dividing the abdominal parietes, the gravid uterus presented itself to view, but very different in its aspect from that which is generally met with. The whole of the fore-part of the fundus, and some portion of the back part of the uterus was completely black; not unlike that appearance upon the skin of a delicate woman, after the infliction of a severe blow. The fallopian tubes were turgid and black; the ovaries were of a natural size, but they had a striated or speckled appearance, somewhat like mottled soap. Upon making an incision into the peritonæal coat of the uterus at its back part, where the black or suffused appearance was the most obvious, fluid blood freely followed the knife. The placenta was attached at the fore-part of the body of the uterus throughout its entire extent, and the child was presenting naturally; the internal uterine surface seemed healthy. The stomach, the intestinal canal, and the

other abdominal viscera had the usual healthy appearance. The heart and the large blood-vessels were healthy and sound; within the pericardium was contained a small quantity of serous fluid; the right lung was a little diseased with trifling adhesions to the pleura costalis; the left lung was healthy. The head was not allowed to be examined.

The above appearances led me to suspect that some large vessel had given way within the uterine structure, the contents of which had been effused into the cellular tissue under the peritonæal coat; producing a state in the gravid uterus similar to that of the brain under effusion beneath its meninges.

THE END.

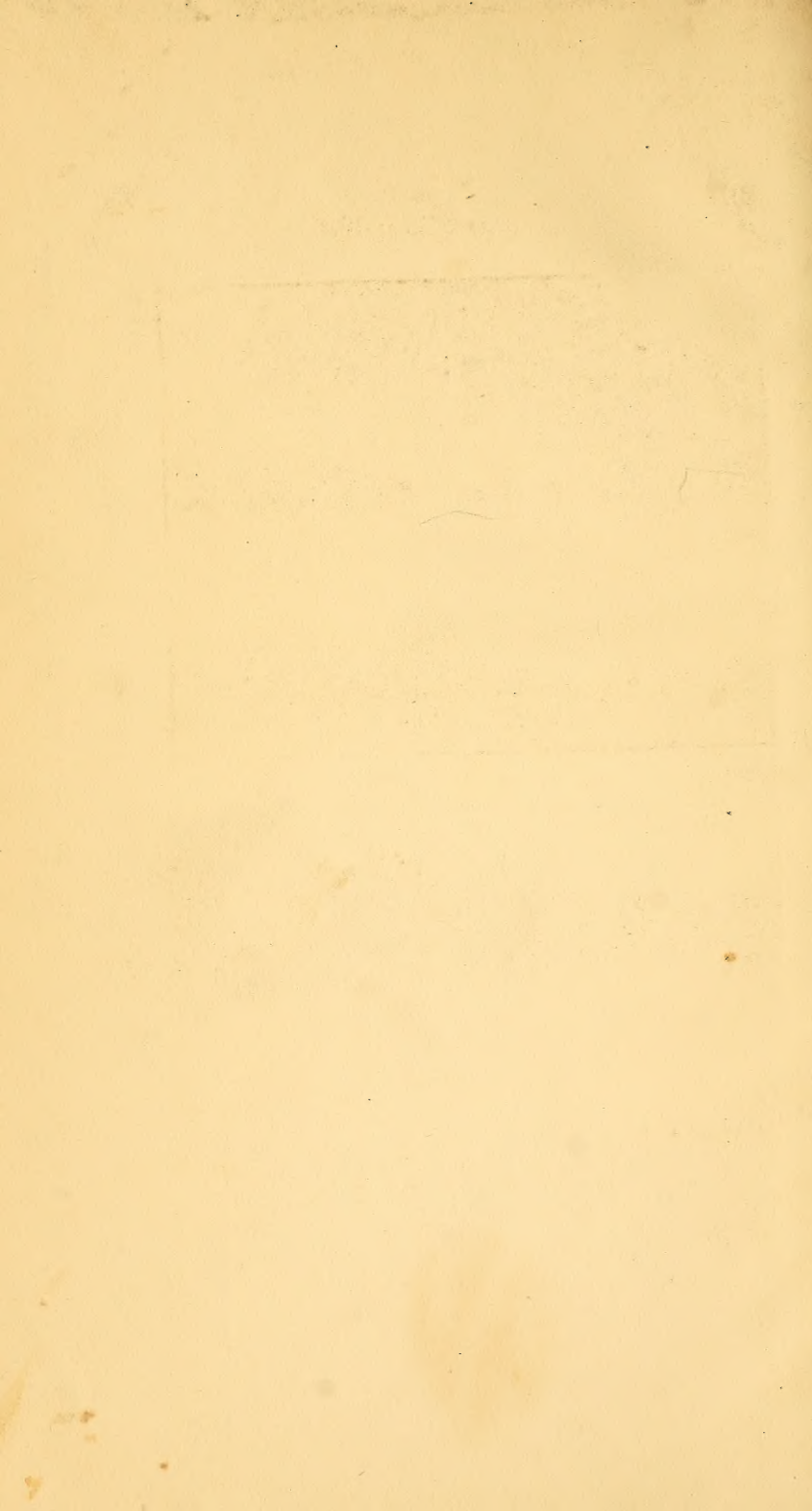


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